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WILTSHIRE COUNTY COUNCIL

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1955

Being the statutory report required to be made by the County Medical Officer of Health under the
Sanitary Officers (Outside London) Regulations, 1935.

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Foreword

THE annual report of a county medical officer of health now describes in some detail the health services of the county council as well as sanitary circumstances, vital statistics and other matters affecting or likely to affect the public health of the county, upon which it is his first duty to inform himself.

The third annual report (in 1900) of Dr. John Tubb-Thomas, the first County Medical Officer of Health for Wiltshire, was concerned mostly with sanitary matters and infectious disease and three of the four sections consisted of statistics and of summaries of the annual reports of the district medical officers of health.

The annual report of Dr. C. E. Tangye for 1930 represented an intermediate stage in which the County Council provided hospitals and had considerable responsibility for treatment of illness; although the maternity and child welfare services were widely developed they were still directed largely towards the prevention of particular forms of infectious and other disease and of infant deaths caused by unhygienic conditions.

In the present phase the direct responsibility for treatment has almost disappeared, sanitation is no longer the main growing point of public health and the assessment of the health of the County and of measures required to improve it depends less completely than before upon easily measurable factors.

Statistics have always provided a yardstick by which the success of the health services as well as the need for new services could be assessed but now that the gross problems of insanitation and infectious disease of earlier days have largely been overcome, statistical estimation in health matters is more subtle, though if anything even more important than before. In addition we are working in some fields in which statistics are only partly applicable. It is difficult to report statistically upon such matters as health education, co-operation between general practitioners and health visitors and the prevention of mental ill health. Yet these and the way in which the relevant services are administered greatly affect the public health in the County, even though achievement increasingly depends on successful human relations as well as on more formal administration. This does not support a criticism sometimes made that the public health work of local authorities now has less interest than formerly.

During 1955 there were developments in the health services of the County Council. The conference held at County Hall in April and the local meetings which followed, appear to have helped co-operation between workers in different parts of the National Health Service, though they can only be a beginning. Trichloroethylene analgesia was introduced for domiciliary midwifery and by now all midwives in the County are equipped; Wiltshire is one of the first local health authorities to achieve this and the method is proving well worth while. Pilot schemes for B.C.G. vaccination of thirteen-year-old children commenced in two parts of the County. Preparations were made for whooping cough immunisation, though owing to delay beyond the County Council's control it could not be started until the beginning of 1956. Consideration was given to a scheme for preventive mental health work in association with the child welfare centres, which it is hoped will soon begin. The health visiting staff was increased by three and will in 1957 reach perhaps two-thirds of what is needed.

The year was not marked by an unusual incidence of any infectious disease and was the sixth year in succession without a death from diphtheria in the County, which emphasises once again the value of maintaining the immunisation campaign without remission.

At the end of the report are maps showing that although progress has been made by the District Councils, there is still a long way to go in carrying out rural water and sewerage schemes. It is unfortunate that these are affected by restrictions on capital expenditure.

Capital economies are also delaying important measures proposed by the Health Committee such as the provision of new occupation centres, a child welfare centre and a badly-needed ambulance station at Swindon.

In January, 1955, Dr. Agnes L. Semple retired after thirty-three years' service in Wiltshire, during which, as Assistant County Medical Officer and then as Deputy County Medical Officer of Health, she had a great influence especially upon the development of the maternity and child welfare services.

I wish to express to the staff of the Health Department my appreciation of their hard and effective work during the year.

County Hall,
Trowbridge.

C. D. L. LYCETT.

JULY, 1956.

Committees

The Committees of the County Council mainly concerned with public health are:—

Health Committee, the Sub-Committees of which are as follows:—

Staff and General Purposes Sub-Committee,
Maternity and Child Welfare Sub-Committee,
Mental Health Sub-Committee,
Ambulance Service and Health Centres Sub-Committee,
Swindon Area Sub-Committee.

Water Supplies and Sewerage Schemes Committee.

Education Committee (school health service and hygiene in schools).

Close liaison is also maintained with other Committees such as the Welfare Committee and the Children's Committee, and the County Medical Officer acts as adviser on health matters to all Committees of the Council.

Staff

County Medical Officer of Health and Principal School Medical Officer:—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:—

Agnes L. Semple, M.B., Ch.B., D.P.H. (retired 8/1/55).

J. H. Whittles, M.D., B.S., B.Sc., D.P.H. (commenced 28/1/55).

Senior Medical Officer:—

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H.

Area Medical Officer:—

J. Urquhart, M.B., Ch.B., D.P.H. (also Medical Officer of Health and Principal Borough School Medical Officer, Swindon).

Assistant County Medical Officers (also School Medical Officers):—

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, and Malmesbury Rural District).

H. Margaret Hammond, M.B., Ch.B.

Ethel M. Voigt, M.B., B.Ch., B.A.O. (commenced 28/2/55).

R. Mackay, M.D., Ch.B., D.P.H. (also Medical Officer of Health, Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District and Amesbury Rural District).

R. S. McElroy, B.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and Highworth Rural District).

Jean Murray, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Trowbridge Urban District and Bradford-on-Avon Urban District).

R. Bruce Killoh, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (also Medical Officer of Health, Warminster Urban District, Westbury Urban District, and Warminster and Westbury Rural District).

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (also Medical Officer of Health, Salisbury City).

F. J. G. Lishman, M.D., B.S., D.P.H. (also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, and Mere and Tisbury Rural District).

C. W. Shearer, M.B., Ch.B., D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon) (resigned 16/2/55).

D. S. Parker, M.B., B.S., D.C.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon (commenced 27/3/55, resigned 18/12/55).

S. B. S. Smith, L.M.S.S.A., D.T.M.&H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon) (resigned 27/2/55).

Ethel M. Wallis, M.B., Ch.B., D.Obst., R.C.O.G. (also Assistant Medical Officer of Health and School Medical Officer, Swindon) (commenced 1/2/55).

Assistance in respect of immunisation, infant welfare and school medical inspection has also been given from time to time by the following:—

Drs. Norah D. Pinkerton, O. Nietupska and M. Eames.

Chest Physician:—

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H. (by arrangement with Regional Hospital Boards).

Assistant Chest Physicians:—

A. C. Molden, M.B., Ch.B. (by arrangement with Regional Hospital Boards),

Ellen O'Donovan, M.B., B.Ch., B.A.O., L.M. (by arrangement with Regional Hospital Boards).

Chief Dental Officer and Principal School Dental Officer:—
W. H. Liebow, L.D.S.

Assistant Dental Officers and School Dental Officers:—

S. H. Brennan, L.D.S.
A. T. Craig, L.D.S.
H. H. Greenhalgh, L.D.S.
E. C. Humphreys, L.D.S.
F. Lake, L.D.S.
J. S. MacLachlan, L.D.S.
R. S. McMinn, L.D.S.
E. H. Randerson, L.D.S.
A. V. Yates.

Lay Administrative Assistant:—
C. A. Horton.

Superintendent Nursing Officer:—
Eleanor W. Redwood, S.R.N., S.C.M., H.V's Cert.

Superintendent Health Visitor:—
Eileen Search, S.R.N., S.R.F.N., S.C.M., H.V's Cert (commenced 22/2/55).

County Sanitary Inspector and Water Supplies Officer:—
T. R. Cox, M.R.S.I., M.S.I.A.

Mental Health Supervising Officer:—
W. R. Hudd.

County Ambulance Officer:—
T. Bullock.

Vital Statistics

POPULATION

The Registrar-General's estimate for 1955 (including Services) ... 397,500
 The figure for the previous year was 394,800

BIRTHS AND DEATHS

	NUMBER.		COUNTY RATE.		NATIONAL RATE.	
	1955	1954	1955	1954	1955	1954
Live Births	6248	6258	17.13	17.28	15.0	15.2
Still Births	122	126	20.87	21.52	23.1	24.0
Deaths	4153	4112	10.24	10.21	11.7	11.3
Deaths from Pregnancy, Childbirth, Abortion ...	3	3	0.47	0.47	0.64	0.69
Deaths of Infants under one year of age ...	115	156	18.41	24.93	24.9	29.0
Deaths from Cancer (all ages)	678	712				25.5
Deaths from certain Infectious Diseases—						
Tuberculosis, Respiratory	31	35				
Tuberculosis, Other	1	14				
Diphtheria	—	—				
Meningococcal Infections	1	—				
Acute Poliomyelitis	2	2				
Measles	1	—				
Whooping Cough	1	—				
Other Infective and Parasitic Diseases	6	10				

INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1955 of the more important infectious diseases, with comparative figures for the preceding 10 years. The figures for 1950 onward include non-civilians.

Disease.	Total Notifications during										
	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	541	355	311	455	269	564	607	407	282	208	198
Diphtheria	17	14	16	6	2	—	3	1	1	3	1
Enteric Fever (including Paratyphoid) ...	2	1	1	2	1	4	1	1	—	5	3
Puerperal Pyrexia	41	50	34	35	36	24	52	113	142	93	124
Meningococcal Infection	16	15	13	3	8	6	3	11	8	1	9
Acute Poliomyelitis—											
Paralytic	5	13	51	30	67	50	16	28	57	20	21
Non-Paralytic	—	—	—	—	—	18	16	18	45	3	17
Acute Encephalitis	—	1	—	—	—	3	1	—	2	1	—
Ophthalmia Neonatorum	24	27	19	7	3	20	4	5	6	3	2
Whooping Cough	Figures for these 4 years are not available.				822	1398	1544	1129	1012	1208	987
Measles					3527	1279	6721	1541	7225	334	6227

Co-ordination and Co-operation with other Branches of the National Health Service

The proposed conference on co-ordination of the health services in Wiltshire mentioned in my Report for 1954 was held at the County Hall, Trowbridge, on 22nd April, 1955. It was, so far as is known, the first arranged by a local health authority in an endeavour to surmount the divisions between the three branches of the National Health Service administered by the executive councils, the regional hospital boards and the local health authorities.

The Conference was intended for professional and other field workers in the health services rather than for members and senior administrators of the controlling bodies, though the presence of one or two members and a senior officer from each regional hospital board and hospital management committee and from the Executive Council made the gathering more complete and contributed to its success.

The first aim was to obtain as representative a selection as possible of field workers, and this was achieved by suggesting to the hospital management committees and the Executive Council, after sending the invitation, the approximate number of doctors, nurses, midwives and other workers whom they might wish to nominate so as to give a balanced representation. An appropriate number of doctors, health visitors, district nurses, midwives and so on were chosen from the staff of the Health Department of the County Council. About 180 delegates attended. The second aim was to promote wide discussion of matters of mutual interest. It was hoped that personal contact would be established between some of the workers who would otherwise have known each other only by official correspondence.

The Conference took the shape of an initial gathering of all the delegates, followed by two sessions of group discussions, with a final complete gathering for summing-up. The Chair was taken by the Chairman of the County Council. The Minister of Health was represented by Dame Enid Russel-Smith, D.B.E., Under Secretary of the Ministry, who was the principal speaker at the opening session and gave the Conference an excellent start.

Six discussion groups were held before lunch and a further six afterwards. Lunch was provided in a marquee on the lawn at County Hall. The day was fine and the occasion provided pleasant opportunities for informal discussion between the delegates.

Broad titles were chosen for the discussion groups in the hope that each delegate would find an opportunity to raise the points which were of most interest to him or her. No attempt was made to allocate particular delegates to particular discussion groups, but they were asked to distribute themselves evenly between the different groups and this informal arrangement worked well.

A chairman and either one or two opening speakers had been chosen for each group. The opening speakers included nurses, midwives, a psychiatric social worker and a health visitor as well as general medical practitioners and hospital consultants and were thus able to speak from day to day practical experience of their subjects. The chairmen were also drawn from all three parts of the health service.

The greater part of the hour and a quarter available at each session of discussions was left for exchange of views by members of the groups, after short opening speeches, but there was a general feeling that the discussions could usefully have continued for much longer.

At the final session the chairman of each group was asked to report on the proceedings of the group.

The following were the titles of the discussions:

CONTINUITY OF NURSING AND SOCIAL CARE BETWEEN THE HOSPITAL AND THE HOME.

DENTISTRY FOR THE PRIORITY CLASSES.

ADMINISTRATIVE CO-ORDINATION IN THE NATIONAL HEALTH SERVICE.

THE GENERAL PRACTITIONER, THE SPECIALIST AND THE CHILD HEALTH SERVICES.

PROBLEM FAMILIES.

PREVENTIVE MENTAL HEALTH.

THE PREVENTION OF TUBERCULOSIS.

THE MENTAL DEFECTIVE IN THE COMMUNITY.

THE GENERAL PRACTITIONER AND THE HEALTH VISITOR.

MIDWIFERY IN THE NATIONAL HEALTH SERVICE.

EDUCATING THE PUBLIC IN THE USE OF THE HEALTH SERVICES.

THE USE OF THE AMBULANCE SERVICE.

Thirty-four points were reported on by the chairmen of the discussion groups. Although some were already accepted in principle or were routine matters which could be dealt with by day to day administrative action, many were constructive recommendations for improving local co-operation, such as a proposal for further meetings between general dental practitioners and local authority dentists and one for local meetings between general practitioners, health visitors and district nurses. Several directly affected relations between hospitals and other parts of the health service, notably suggestions with regard to co-operation between hospitals and district nurses, for a conference between hospitals and general practitioners on home and hospital confinements and for greater integration of work in the mental health services.

In summing-up, Dame Enid Russel-Smith, who had herself visited the majority of the discussion groups, congratulated the County Council on the success of the Conference which had taken the first step in breaking down the isolation within the health service and remarked upon the high level of the discussions. She commented on the practical realisation in the discussion groups of the futility of hoping that the health services could depend on vast numbers of extra staff or much more highly trained officers to carry out the various services. The hope of the future lay in making the best and most intelligent use of the people we had and in giving a slant to the training of even the simplest grades of officer to enable them to make a proper approach to social problems.

Since the Conference there have been indications of success in improving local co-ordination which promise well for the future. At the least it was felt that the representative gathering of health service workers had enjoyed meeting and exchanging views and had given a lead towards better co-ordination in the day to day working of the health service.

Afterwards local meetings were arranged in various parts of the County for general practitioners, local authority medical officers, health visitors, district nurses and midwives.

* Care of Mothers and Young Children

ANTE-NATAL AND POST-NATAL CLINICS.

These are now held as follows:—

Clinic.	Sessions.	Obstetrician Attending.	Number of Attendances, 1955 (1954 in brackets)
Bulford. Welfare Centre, Horne Road, Bulford.	Every Monday, 2 p.m. ...	Medical Officer from staff of Tidworth Military Families Hospital	593 (737)
Corsham. County Council Clinic, Fuller Avenue	Every Friday, 2 p.m. ...	Dr. I. F. MacMath attends 1st and 3rd Fridays	347 (442)
Wilton. West Lodge, West Street ...	3rd Thursday, 2 p.m. ...	Dr. S. C. H. Lane ...	32 (61)

No new clinics were opened in 1955.

MATERNAL MORTALITY

The three deaths occurred in hospital, following confinement there; two patients died from conditions arising from complications of pregnancy and one as a result of a medical emergency which arose after confinement.

INFANT WELFARE CENTRES AND HEALTH VISITORS' CENTRES

Details of the 59 infant welfare centres are shown in Appendix A. The Laverstock centre was changed at the end of the year to a health visitors' centre, the medical officer's attendance being transferred to a new centre opened at Stoford to meet the needs of a growing population.

In the County, excluding Swindon, there was a total of 35,465 attendances compared with 35,480 last year.

At the end of the year 38 health visitors' centres were open. Three centres were closed during the year where the attendances did not justify their continuance, and four new ones were started. There were 9,149 attendances.

Two thousand, four hundred and seventy eight children attending infant welfare centres were under one year of age and 639 infants are estimated to have attended health visitors' centres before their first birthday. This is a ratio of 59: 100 with the total of babies born in the year.

The following quantities of proprietary articles were supplied to infant welfare centres (the 1954 figures are in brackets):—

Infant Milk Foods	...	...	...	...	8,570 lbs.	(8,388)
Baby Cereal	...	...	...	...	4,064 pkts.	(3,516)
Weaning Foods (Meat, Fruit, Vegetables, etc.)	...	...	...	...	1,488 tins.	(1,212)
Nutrients (chiefly malt and oil preparations and Vitamin C syrup)	...	...	...	...	5,472 containers	(5,040)
Baby Rusks	...	...	...	...	2,010 pkts.	(1,806)
Glucose	...	...	...	...	1,536 containers	(1,812)
Malted Milk	...	...	...	...	1,286 tins	(900)
Teats and Accessories	...	...	...	...	1,302	(924)
Booklets	...	...	...	...	144	(72)

*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.

CARE OF PREMATURE INFANTS

Seventy-three babies who were 5½lb. or less in weight at birth and, therefore, classed as premature, were born in their own homes during the year; nine were transferred to hospital within the first month, and of the 64 who remained at home three died during that period. Two hundred and thirty premature babies were born in hospital, and one in a nursing home.

PROVISION OF MATERNITY OUTFITS

Maternity outfits are available free from midwives for all domiciliary confinements and the number supplied during 1955 was 1,784.

DAY NURSERY PROVISION

It was possible to accommodate all children for whom application for admission to the Trowbridge and Salisbury Day Nurseries has been made during the year. There are 25 places at the Trowbridge Nursery and 35 at Salisbury, and the average daily attendance was 12.8 and 24.2 respectively.

DISTRIBUTION OF WELFARE FOODS

With the exception of the Chippenham main distribution centre which had to be administered directly from the Health Department throughout the year, all the distribution centres were fully staffed by volunteers during the year. Main centres were open in the towns shown in Appendix B (although the details of times and places are those at the date of printing) and there were 174 local distribution centres at the end of the year in the County excluding Swindon.

During the year one local distribution centre was closed and 22 new centres were opened in response to well substantiated local demand.

The following amounts of food were issued in 1955:—

National dried milk (full cream and half cream)	135,815 tins
Cod liver oil	37,783 bottles
Vitamin A & D tablets	12,969 packets
Orange juice	210,357 bottles

(These amounts do not include issues made in Swindon, although these are accounted for centrally in the County Health Department. Emergency needs throughout the County are met by transfers arranged within the County from headquarters).

The main and local distribution centres have assisted in health education by the exhibition of posters and distribution of leaflets during the year and it is hoped to extend their use for this purpose.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The County Council continued to make grants to the Salisbury and Bristol Diocesan Associations for Moral Welfare towards the employment and transport costs of diocesan welfare workers engaged in work for unmarried mothers. The original arrangement with the Bristol Association that, in consideration of the grant, an extra worker for the Chippenham area should be employed in addition to the worker for Swindon was varied on the Association's representations that one worker with a car could cover all the work of the area. The new arrangement was made for a trial period of six months in the first instance and has so far proved satisfactory.

The Superintendent Health Visitor acts as liaison officer with the diocesan associations. During 1955 help was given to 235 unmarried mothers.

MOTHER AND BABY HOMES

During the year 45 girls were admitted to the Girls' Hostel, Devizes, maintained by the Salisbury Diocesan Association in conjunction with the County Council. Other homes are used when the accommodation at Devizes is full or when specialised training is needed as in the case of young girls. Fourteen unmarried mothers were admitted to the Diocesan Mother and Baby Home at Salisbury and nine to homes outside the County.

BIRTH CONTROL.

Voluntary family planning clinics are available at Swindon, Trowbridge, Amesbury, Salisbury and Bath, and women recommended for advice on medical grounds by County staff are referred there. In necessitous cases the cost of consultation and equipment is met by the County Council and in 1955 this was done for 74 new and old patients.

INVESTIGATION OF HOME CIRCUMSTANCES OF PATIENTS APPLYING FOR HOSPITAL BEDS TO DETERMINE NEED FOR PRIORITY OF ADMISSION.

The following table shows the investigations made during the year:—

Maternity Hospital.	Number of patients whose social conditions were investigated by County Council.	Number recommended for priority of admission.	Number not so recommended.
Bradford-on-Avon Maternity Hospital	17	17	—
Greenways Maternity Hospital, Chippenham ...	99	66	33
Devizes Maternity Hospital	28	28	—
Malmesbury Hospital	30	18	12
Odstock Hospital	95	81	14
Kingshill Maternity Hospital, Swindon	118	75	43
Savernake Hospital	22	13	9
Trowbridge and District Hospital	1	1	—
Frome Hospital	7	7	—
Fordingbridge Hospital	1	1	—
Cirencester Hospital	2	2	—
St. Martin's Hospital, Bath	5	5	—
TOTAL	425	314	111

These figures show that 26.1% of patients referred were not recommended for priority of admission; this figure compares with 31.4% in the previous year.

In the case of patients whose admission to hospital was not recommended, every assistance in making suitable arrangements for confinement at home was given both by the domiciliary midwifery service and the domestic help service.

REPORT OF THE CHIEF DENTAL OFFICER.

Section 22 of the National Health Service Act places upon local authorities the responsibility for making arrangements for the dental care of expectant and nursing mothers and children under five years of age who are not attending primary schools maintained by a local education authority. The objects of this scheme are to ensure that as many children as possible develop sound teeth and that they remain sound until school life, when care is continued by the School Dental Service. These objects are furthered by the mother having the correct diet before, and in the early part of, pregnancy, by education in dental hygiene and by regular dental examination with treatment when necessary. An adequate and balanced diet can be encouraged by the addition of welfare foods and vitamin supplements. Education in dental hygiene is carried out by County dental staff at infant welfare centres, parent-teacher associations, Women's Institutes and other organisations.

In an urban area with well attended infant welfare centres, properly equipped dental clinics nearby and a reasonable establishment of dental officers, there are few difficulties to be overcome in the supervision of the dental health of these patients. In a rural area, however, with a low attendance of patients at isolated centres, few or no facilities for treatment in the neighbourhood and a depleted dental staff, conditions are much less favourable.

The scheme whereby each expectant mother, on first booking at hospital or for home confinement, automatically receives an appointment for free dental examination continued during the year and also the twice yearly visits by dental officers to examine the children attending the larger infant welfare centres. There are thirteen maternity dental clinics (See Appendix C).

The dental officers made 72 visits to infant welfare centres during 1955. These visits can only be justified when a sufficient number of mothers and children come for examination. At centres where numbers do not justify a visit the personal contact between patient and dentist is lost, and patients are referred by the medical officer of the centre or the health visitor to the dentist at a central clinic. These small centres should provide an opportunity for the dental ancillaries proposed under the Dentists Act, 1956.

The health visitor is an important link between dentist and patient and can give instructions on diet and dental hygiene to expectant mothers, who are usually receptive to advice. It is difficult to translate the theory of tooth care into a national habit and it is difficult at present to find a decrease in the incidence of dental disease, but health education through posters, pamphlets, films and especially through personal contact should eventually cause improvement and a reduction in the tremendous cost of dentures provided under the National Health Service Act.

In some areas patients have to travel a considerable distance for treatment. This is a handicap, particularly in the Marlborough area, where travel is difficult, and in the Bulford area, where accommodation and equipment are bad and patients often have to be referred to a clinic in Salisbury. When extensive treatment necessitating many visits is required the cost and time involved in travelling is high, with the result that treatment is usually incomplete.

The work done is shown in the following table:—

RECORD OF DENTAL WORK UNDER SECTION 22, NATIONAL HEALTH SERVICE ACT, 1946.

(Figures for the previous year are shown in brackets.)

(a) Numbers provided with dental care.

	Examined.	Needing Treat- ment.	Treated.	Made Fit.	Extractions.		Administra- tions of General Anaesthetics.	Crowns or Inlays.
					Local Anaesthetics.	General Anaesthetics.		
Expectant and nursing mothers	546 (684)	482 (607)	379 (544)	238 (364)	380 (491)	587 (694)	74 (91)	1 (3)
Children under 5	1006 (982)	653 (657)	531 (517)	440 (368)	154 (128)	547 (526)	242 (191)	— (—)
Totals ...	1552 (1666)	1135 (1264)	910 (1061)	678 (732)	534 (619)	1134 (1220)	316 (282)	1 (3)

(b) Forms of dental treatment provided.

	Fillings.	Silver Nitrate Treatment.	Other Operations.	Radio- graphs.	Dentures provided.		Dentures Repaired.	Attendances for Treatment.
					Complete.	Partial.		
Expectant and nursing mothers	571 (630)	11 (12)	743 (929)	43 (28)	60 (84)	102 (146)	— (4)	1423 (1778)
Children under 5	388 (399)	299 (361)	216 (148)	1 (1)	— (—)	— (—)	— (—)	1039 (939)
Totals ...	959 (1029)	310 (373)	959 (1077)	44 (29)	60 (84)	102 (146)	— (4)	2462 (2717)

There has been a slight reduction, chiefly in the treatment of mothers, who are more aware of the fact that they can obtain free treatment, apart from the provision of dentures, from dental practitioners under the Act. While most practitioners are willing to treat mothers, some are not anxious to carry out treatment for children under five years of age.

*Midwifery

The number of practising midwives in the area at the end of the year was as follows:—

Domiciliary midwives (a) employed by County Council...	...	...	77
(b) Hospital Management Committee	...	...	2
Hospital midwives	...	...	58
Midwives in private practice (including those in Nursing Homes)	...	...	6
			<hr/> 143 <hr/>

ARRANGEMENTS FOR SUPERVISION OF MIDWIVES.

Both the County Medical Officer and Deputy are authorised to undertake the medical supervision of midwives and their routine non-medical supervision is undertaken by the Superintendent Nursing Officer and Assistant. These two nursing officers divide the county geographically between them.

Effective supervision of midwives in those hospitals where the County Council continues to be responsible for the supervision of midwives, but is not the controlling body, remains difficult.

TRICHLOROETHYLENE ANALGESIA IN DISTRICT MIDWIFERY.

Trichloroethylene analgesia was already in use by doctors in general practice when the Medical Research Council's Committee on Analgesia in Midwifery made a report in 1954 on its use in midwifery, which was accepted by the Central Midwives' Board. In October, 1954, the Board announced new rules which would permit midwives to administer this analgesic on their own responsibility, subject to safeguards recommended by the Committee.

The Medical Research Council recommended that the individual machines should each be tested before use and retested every six months. The Board made arrangements with the National Physical Laboratory for this testing, which manufacturers arrange in the first instance and purchasers, through the manufacturers, subsequently.

Two makes of machine were approved by the Board and it was hoped that they would begin to be available in January, 1955. The supply of apparatus for Wiltshire district midwives was immediately recommended and, although naturally there was no specific provision in the estimates, the Finance Committee consented to savings on other items being employed to purchase 30 sets of apparatus for midwives in the County in March, 1955. Since then 47 additional sets of apparatus have been ordered for the remaining district midwives.

For many patients trichloroethylene provides safe and more comfortable analgesia, and from experience during 1955, when it was administered to 591 patients, the method has been appreciated both by patients and midwives.

GAS AND AIR ANALGESIA.

All domiciliary midwives employed at the end of the year were trained in the administration of gas and air analgesia. It was administered in 1,075 cases during the year. Pethidine was administered by midwives in 1,162 domiciliary cases.

HOUSING ACCOMMODATION FOR MIDWIVES.

No new County Council bungalows or houses for nurses were completed during the year, but building proceeded on the site for a bungalow at Tisbury.

*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.

GENERAL.

The following table gives a summary of the work done during the year by all midwives in the County, excluding Swindon:—

Category.	Domiciliary Cases.					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals.	
	Doctor present at delivery.	Doctor not present.	Doctor present at delivery.	Doctor not present.		
County Council Midwives ...	10 (5)	58 (41)	133 (174)	1326 (1310)	1527 (1530)	— (—)
Midwives employed by Hospital Management Committee ...	— (2)	20 (117)	5 (9)	164 (90)	189 (218)	2758 (2630)
Private Midwives	— (2)	— (1)	8 (6)	1 (1)	9 (10)	66 (63)
TOTALS	10 (9)	78 (159)	146 (189)	1491 (1401)	1725 (1758)	2824 (2693)
GRAND TOTAL ...						4549 (4451)

The figures in brackets are those for 1954, for comparison.

County midwives were asked during the year to attend 174 women discharged from maternity homes before the fourteenth day.

MIDWIVES ACT, 1918.

Medical aid was summoned by midwives in 280 domiciliary cases during the year, compared with 321 in the previous year. The corresponding number of claims by doctors was 12, so that it may be assumed that in approximately 268 cases the patient was already booked by the doctor under the maternity medical service.

*Health Visiting

At the end of 1955 there were 24 health visitors on the County staff, apart from Swindon, and two vacancies.

Two trainees were entered for the health visitor's course at the County Council's expense during 1955 and it is hoped that, when their training is completed, it will be possible to transfer infant visiting altogether from district nurses who do not possess the health visitor's certificate. Only nine continue to do this work under dispensation from the appropriate regulations.

On the retirement of Dr. Agnes Semple, who had undertaken the direct supervision of the health visitors, a superintendent health visitor was appointed.

The wide field of work of the health visitor conceived by the National Health Service Act is now an accomplished fact as far as the limitations of staff allow. If health visitors are to provide everywhere the complete service to the household which the Act intended, concerning themselves with the health not only of the children but of all members of the household, with health education as the mainstay of their work, it is essential largely to increase the number employed in Wiltshire. Close co-operation between the family doctor and the health visitor, the need for which has been increasingly apparent since the Act, also depends on the health visitor having sufficient time to carry out her duties thoroughly.

Local meetings were arranged during the year between general practitioners, health visitors, district nurses and midwives, at various convenient centres in the County. The main object of these meetings was co-operation and they have helped to make clear to practitioners the role of the health visitor which is often less well known than it should be.

Almost all of the health visitors are now available on the telephone either through clinics they regularly visit or by telephones installed in their homes at County Council expense. This encourages co-operation with general practitioners who are spared writing and who are more inclined to call on the services of health visitors if they can be obtained at once.

At the end of 1955, there were 89 families whom health visitors had reported as requiring special supervision because of grossly unsatisfactory home conditions, often with neglect of children. During the year 9 families were added to the list and 20 (a few of whom had left the County) removed.

The main influence in improving the conditions of these families is, generally, frequent visiting by an experienced health visitor who has sufficient time to devote to the lengthy task of gaining the confidence of the mother, but attention has been given to means of supplementing the work of the health visitor. After consideration of Ministry of Health circular 27/54 on the prevention of the break-up of families, it was resolved to appoint specially selected home helps to work, under the health visitors' supervision, with problem families likely to benefit from, and willing to accept, their services.

As a beginning one such worker was appointed full time and other part time workers are to be engaged, but recruitment of the right type of worker is naturally difficult in the more rural areas where the number and choice of women available for domestic work is very small.

The whole time worker had not been in service sufficiently long by the end of the year to assess properly the value of this experiment in social welfare but it seems clear that with some problem families a good worker can achieve good results though not rapidly. Since help of this kind is usually not requested by the family concerned and would generally not be accepted if payment were demanded from the beginning, the Health Committee resolved to provide such assistance free for an initial period, subject to review after six months.

*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.

The following table gives a summary of the work undertaken by the health visiting staff during 1955, with the figures for 1954 in brackets for purposes of comparison (excluding Swindon, the statistics for which are given on page 32).

Number of Children under 5 years of age visited during year.	Expectant Mothers.		Children under 1 yr. of age.		Children age 1 and under 2 years.	Children age 2 but under 5 years.	Tuber- culous house- holds.	Other cases.	Total number of families or households visited by health visitor.
	First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.	
23352 (23051)	592 (486)	774 (583)	5064 (4563)	27106 (27336)	15094 (13425)	24227 (26378)	1400 (1139)	12017 (9336)	20794 (21591)

The number of live births (excluding Swindon) during the year, corrected according to domicile, was 5,097, and there were also 99 still births. The figures for 1954 were 5,135 and 103 respectively.

*Home Nursing

At the end of the year there were 88 nurses undertaking home nursing, 11 in a whole time capacity on this work. The others were engaged on combined duties, principally district midwifery undertaken by 73 of the 77. No special provision has been made for home nursing of sick children, but a considerable number of children are nursed in their own homes. Figures available for the nursing of children under 5 show that 1,163 were nursed at home during 1955, 5,196 visits being paid.

The following table gives a brief analysis of the type of cases attended by the home nurses, and visits paid during 1955. There is no doubt that, with modern antibiotic techniques, visits made solely for the purpose of giving injections form a very considerable part of their work.

	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Totals.
Number of Cases Attended ...	7415	3054	195	54	137	1195	12050
Number of Visits Paid ...	86039	28677	747	1804	1063	7038	125368

A table in Appendix D gives the districts with particulars of the work undertaken, including midwifery where the work of home nursing and midwifery is combined and for purposes of comparison the figures for the previous year as shown in brackets.

*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.

* Vaccination and Immunisation

SMALLPOX VACCINATION.

During the year records were received from general practitioners of 3,065 primary vaccinations, and 970 re-vaccinations. The figures for 1954 were 3,089 and 1,000 respectively. Of the total of 3,065 primary vaccinations 2,493 were of infants, compared with 2,434 in 1954.

DIPHTHERIA IMMUNISATION.

During the year 4,393 primary immunisations and 6,573 reinforcing injections were carried out by County Council staff and general practitioners, compared with 5,031 and 5,820 in 1954. Of the total of 10,966 primary immunisations and reinforcing injections, 3,231 were undertaken by general practitioners.

The following table shows the number of children under the age of 15 immunised during the years 1951-1955:—

Number of Children who had completed a course of Immunisation (Primary or Reinforcing) in the period 1st January, 1951, to 31st December, 1955:—					
Age at December 31st, 1955, i.e., Born in Year.	Under 1 1955.	1—4 1954—1951.	5—9 1950—1946	10—14 1945—1941	Total under 15.
Number immunised	346	13,595	19,881	13,117	46,939

WHOOPING COUGH IMMUNISATION.

A scheme was introduced for immunisation of children with combined diphtheria and pertussis antigen (or the pertussis antigen alone where diphtheria immunisation had already been undertaken) was prepared for introduction on 1st January, 1956. Supplies of the approved antigen are available to practitioners and the service is provided in all infant welfare centres in the County. The first of the three injections necessary is given at approximately four months of age.

Information of the scheme for combined immunisation is sent to the parents of every child, at the fourth month, and is followed by another communication if the first is ignored. Health visitors also undertake personal propaganda both in homes and clinics.

At the same time arrangements were made for a new personal immunisation record card to be introduced on 1st January, 1956, in order that parents might have a complete record of all future immunisation or vaccination injections for their children. General practitioners have been invited to co-operate in the completion of this record, which is issued on the first occasion a child is immunised at a County clinic, or by the practitioner if he is prepared to use the card, and is to be kept up to date with records of any subsequent immunisation or vaccination undertaken. If parents keep these records safely, they should prove of value to them, to general practitioners, and to medical officers in the County service.

B.C.G. VACCINATION.

An account will be found on pages 22 and 23.

*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.

Ambulance Service

The following table gives details of the work of the County ambulance service during the year 1955, the figures in brackets being those for 1954.

	PATIENTS		MILEAGE	
	Accident or Emergency.	Other.		
AMBULANCES:				
County Council Ambulances	3,213 (3,121)	23,440 (22,780)	235,134	(242,941)
Salisbury S.J.A.B.	1,654 (1,453)	3,848 (4,432)	65,902	(67,475)
Other Voluntary Ambulances	362 (322)	729 (1,371)	29,802	(31,091)
Total Ambulance Work	5,229 (4,896)	28,017 (28,583)	330,838	(341,507)
SITTING CASE CARS:				
County Council Cars (up to 4 passenger seats)	370 (403)	9,213 (7,262)	86,324	(99,402)
County Council Cars (over 4 passenger seats)	870 (704)	40,914 (42,243)	261,853	(241,251)
County Car Pool	46 (124)	64,807 (63,369)	671,838	(624,220)
Other Voluntary Units	2 (21)	3,877 (3,287)	18,140	(13,144)
Car Hire	— (—)	7,125 (3,988)	33,740	(16,034)
Total Sitting Case Car Work	1,288 (1,252)	125,936 (120,149)	1,071,895	(994,051)
Rail Transport	173 (150)			

There was a net increase of about 67,175 miles during the year, as although the ambulance mileage actually decreased by 10,669 miles, sitting case cars ran an additional 77,844 miles.

As mentioned in my last Report the Ministry of Health undertook a survey of the County's ambulance service during December, 1954. They submitted to the County Council a detailed report of their findings which they asked should be treated as confidential. I feel it would be no breach of confidence, however, to state that on the whole the Ministry's report was good.

It emphasised the inadequacy of some of the ambulance stations but at the same time indicated that the standard of maintenance and general appearance both internally and externally of all of the County Council vehicles were uniformly praiseworthy. It further indicated that the standard of staff was high, that the control methods were good, and that the cost of administrative and clerical staff was an unusually low proportion of the total cost as compared with other authorities.

Apart from the question of premises, certain recommendations were made which have received full consideration by a special sub-committee of the Ambulance Service and Health Centres Sub-Committee whose terms of reference included consideration of the Ministry's report and the organisation of the service generally.

Most of the car work was again undertaken by the County Car Pool. The service rendered by these drivers is admirable. While we try to give County Car Pool drivers as much notice as possible, the majority are prepared to help the service at busy times by accepting journeys with no notice at all. In a rural area like Wiltshire such assistance is especially valuable.

Excellent help was also given by the ambulance units of the British Red Cross Society and the St. John Ambulance Brigade; their services are particularly useful where long distance transport is required. By undertaking this type of journey they enable us to maintain adequate cover for emergencies without undue pressure on the Council's whole-time staff.

It is interesting at this stage to review the use of the service since 1948 in terms of mileage. From the diagram it will be seen that the demand for ambulances has remained practically stationary since the inception of the service, but the sitting case car work, after increasing by about 100% during the first year of the service, has continued gradually to increase ever since.

This is due to increased use of hospital outpatient departments which seems likely to keep the mileage at its present level even if it is not increased. Every effort is made to minimise this mileage by combining journeys but the position in Wiltshire is made difficult by the fact that some of the biggest hospital centres serving the County's population are outside the county boundary.

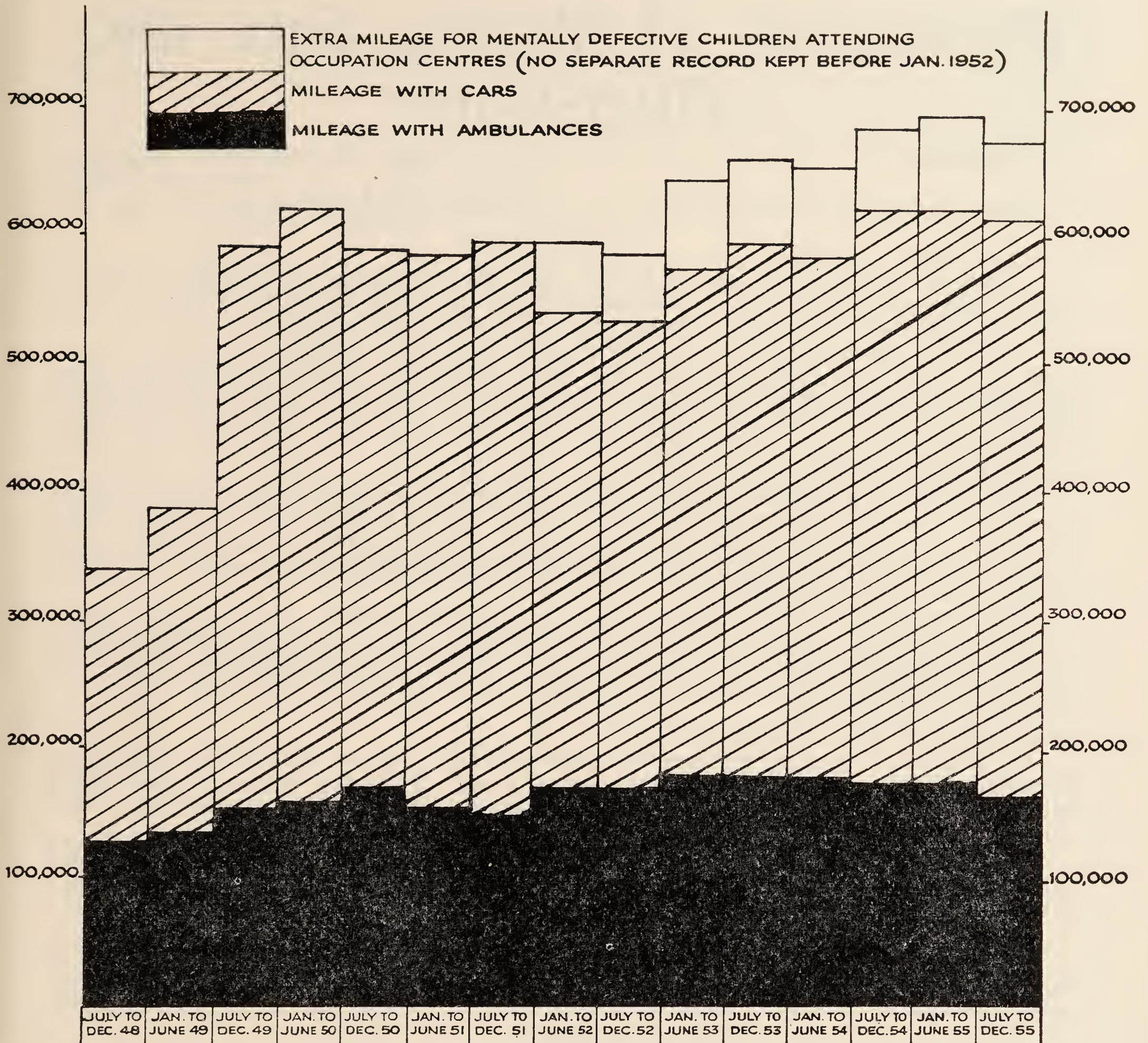
All cases of apparent abuse of the service are taken up as quickly as possible with the person requesting transport but generally speaking these are few.

Some hospitals appear to demand more transport in proportion than others. The Minister has issued a circular in which he draws attention to the importance of appointing a transport officer to co-ordinate all calls made on the ambulance service from a particular hospital or group of hospitals. This is good providing the officer has sufficient status and training to be able effectively to approach those persons authorised to request transport. No great benefit can be expected from such an officer in my opinion if he or she is of very junior status.

It is interesting to speculate on the effect which the ambulance service may have had over the years in encouraging the centralisation of many forms of treatment at large hospital centres. While the need for expensive and specialised equipment has probably been the main reason for it, it is doubtful whether centralisation would have succeeded without the transport provided by the local health authorities' ambulance service. However, although transport has been provided to take patients to main hospital centres for treatment, domestic difficulties have been caused, particularly for the mother with young children, simply because of the time necessary for travelling and waiting at large clinics.

The ready provision of transport may lead to centralisation being accepted as a principle without constant questioning as to whether treatment could not be provided at local hospitals with less inconvenience to patients and their families.

In the past the conveyance of mental defectives to occupation centres has been undertaken at the expense of the Wiltshire ambulance service. The annual expenditure on this item has been estimated at approximately £4,775. The Ministry of Health in the report on their survey pointed out that while there is no objection to the use of the ambulances for this purpose the cost is not properly chargeable under Section 27 of the National Health Service Act, 1946. As from the 1st April, 1956, this transport will be charged to the mental health service. One of the main reasons is to enable the ambulance costs of local health authorities in England and Wales to be compared. While the average cost per thousand of the population for counties of the type of Wiltshire for the year ending 31st March, 1955, was £229, the cost per thousand for Wiltshire was £216. If the conveyance of mental defectives had not been included in the Wiltshire costs, the cost per thousand would have been approximately £204.



*Prevention of Illness, Care and After-Care

(a) TUBERCULOSIS.

(b) MENTAL ILLNESS AND DEFECTIVENESS.

} Reports under these headings are made in the sections dealing with tuberculosis generally on page 42 and mental health on page 34.

(c) OTHER TYPES OF ILLNESS.

A great deal of after-care, both of patients discharged from hospital and others certified as suffering from infectious diseases, is undertaken by the health visitors and more details of this work will be found in the section dealing with health visiting on page 16.

Thirty convalescent patients were sent to eight convalescent homes, mostly on the coast. In all cases two weeks' convalescent treatment is provided, but, if advised by the medical officer of the home, this is extended. The scheme is restricted to patients not needing medical or nursing care, and contributions towards the cost are required in accordance with a scale set by the County Council.

(d) HEALTH EDUCATION.

During the year a series of in-service training courses was arranged with the Central Council for Health Education at Swindon and Trowbridge for medical officers, health visitors, sanitary inspectors, teachers, child care officers, and home helps on subjects allied to their respective fields of work, and good attendances were secured. In all, such lectures were arranged on six days, and there were two evening meetings.

A greater range of literature in the shape of pamphlets, leaflets and booklets on health education subjects was made available through the health visitors and clinics than previously and these now cover most fields of health education. In addition the scope of posters and pictorial display sets was widened and continued use made of display stands for individual topics in certain principal clinics.

(e) PROVISION OF HOME NURSING EQUIPMENT.

In Appendix E is a list of the medical loan depots run by the Red Cross and St. John Ambulance Brigade in conjunction with the County Council. In addition there is a central medical loan depot at County Hall for larger articles of equipment, such as foam rubber mattresses, spinal carriages, wheel chairs, etc.

During 1955 1660 loans were made from the loan depots and 80 from County Hall. Charges varying from 1d. to 1s. 0d. per week are made according to the value of the article, although these are remitted in necessitous cases.

(f) B.C.G. VACCINATION.

After discussions between the Health and Education Committees in pursuance of Ministry of Health Circular 22/53 it was decided to introduce a trial scheme to provide B.C.G. vaccination against Tuberculosis for school children between the ages of 13 and 14 years in the following areas:

City of Salisbury.

Borough of Wilton.

Salisbury and Wilton Rural District.

Amesbury Rural District.

Mere and Tisbury Rural District.

It is necessary for medical officers engaged in this work to be specially designated after suitable training, and two members of the County medical staff attended at the Salisbury Chest Clinic over a period of some weeks to gain the necessary experience and were subsequently approved by the Health Committee to undertake B.C.G. vaccinations. The arrangements in the trial area came into operation in June.

*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.

Vaccination is of course only undertaken with the prior consent of the parents and when this has been received, the children are given a preliminary tuberculin test to ascertain whether they already have a resistance to Tuberculosis and only those whose reaction to the test is negative are vaccinated. After vaccination, a second tuberculin test is made to ascertain whether the vaccination has been effective; thus each child has to be seen by the vaccinator on at least four occasions.

Offers of vaccination were sent to the parents of 758 children and consent was received from 448, or 58.5 %. The results of the tuberculin testing and B.C.G. vaccination of these 448 children were as follows:—

Preliminary Tuberculin test—positive result	...	...	...	151
(B.C.G. vaccination not necessary)				
Preliminary Tuberculin test—negative result	...	...	...	274
Left district before Tuberculin test made	...	...	...	11
Failed to keep appointment for Tuberculin test	...	...	...	12
No. of children vaccinated	...	...	...	274
Post vaccination Tuberculin test: positive result	...	...	...	259
Negative result (to be retested 1956)	...	...	...	15

During the past 2-3 years the Medical Research Council has been conducting exhaustive clinical trials of B.C.G. vaccination involving some 66,700 children. In view of the favourable report which has recently been published of the results of these trials it seems appropriate that the arrangements in Wiltshire should be extended. It is hoped during 1956 to arrange for B.C.G. vaccination to be undertaken in the Trowbridge, Bradford-on-Avon, Melksham, Calne and Chippenham areas, and, in 1957, in the whole County.

*Domestic Help

The following table shows the growth of the service since 1948:—

Year.	Number of Enrolled Home Helps at end of year.	Number of Cases attended during year.		
		Maternity.	Other.	Total.
1948	11	50	7	57
1949	69	57	50	107
1950	147	136	182	318
1951	195	99	275	374
1952	277	106	301	407
1953	285	118	386	504
1954	320	47	342	389
1955	400	72	444	516

The latest survey undertaken showed that of 256 current cases, 201 had received continuous service for periods exceeding three months. Of these long term patients, 157 could be regarded as aged and infirm, and 101 over the age of 70 were living alone. The provision of home help for such persons almost invariably means indefinite continuation of the service but thereby admission to hospital or welfare home is often made unnecessary or at any rate delayed.

Persons in receipt of old age pensions without any additional means, those with old age and supplementary pensions, or in receipt of National Assistance, are not expected to make contributions.

At the time of writing the average weekly amount of service being given is 7.7 hours per household, a slight decrease on the previous year.

*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.

Report of the Area Medical Officer

I have pleasure in submitting the report of the Area Medical Officer for the year 1955.

This report deals exclusively with the services provided under Part III of the National Health Service Act, 1946, which have been delegated to the Swindon Area Sub-Committee.

With the continued expansion of the Borough the services falling to be provided have increased in scope and extent, and unexpected problems have arisen in connection with the expansion programme. For instance, in the Penhill estate the birth rate has been double that in the remainder of the Borough and whereas it was expected that one midwife would cover the estate two have been needed. This increased birth rate has reacted on the provision of child welfare clinics and it has become increasingly obvious that the clinic held in the Penhill Farmhouse is unable to cope with the numbers attending. An additional weekly session has been requested at which it will be necessary to employ a doctor on a part-time basis. The farmhouse premises are, however, too cramped, and congestion at the clinics cannot be avoided until the more commodious premises at the proposed community centre become available.

During the year we were consistently considerably below our establishment of health visitors and this resulted in severe limitation of the service. Towards the end of the year the position had somewhat eased and recruitment stimulated by the Borough Council providing housing accommodation for health visitors. It is, of course, quite obvious that with fixed salary scales health visitors will only accept a post which offers personal advantages or housing provision.

At the 31st December, 1,928 houses were occupied at Penhill estate and 125 on the Walcot estate which received its first occupant in September, 1955. Of these houses a total of 628 were occupied by overspill population.

It is obvious therefore that if the services provided under Part III of the National Health Service Act are to be maintained at the present level, provision will have to be made next year for an all round increase in staff to be recruited as the need arises.

JOINT USE OF STAFF

The only hospital clinics now held in Local Health Authority premises and staffed by its clerical personnel are the ophthalmic clinics for school children and premature babies. The hospital authorities are now preparing a new ophthalmic department and when completed it is expected that all eye clinics will be held there. It is hoped, however, that the good relationship built up with the hospital ophthalmic department will continue after the transfer.

Hospital Gynaecological and midwifery ante-natal clinics continue to be held in the Local Health Authority premises at 81 Bath Road. Of the two weekly ante-natal clinics run by the Local Health Authority one is attended by a general practitioner and the other by a member of the public health medical staff.

As in past years facilities to attend Local Health Authority clinics for instructional purposes have been granted to general practitioners and hospital medical and nursing staffs.

Local Authority medical officers, health visitors and midwives have given lectures and practical instruction to hospital student nurses.

The medical officer of health continues to be in clinical charge of the Swindon and District Hospital Management Committee's infectious diseases hospital beds.

CARE OF OLD PEOPLE

The care of old people demands an ever increasing proportion of the time of the Local Health Authority staff. In this most necessary and important work no single department can function independently and to obtain the maximum benefit for the old folk it is essential that the efforts of the Local Health Authority, Welfare Authority, voluntary organisations, hospital services and general practitioners are co-ordinated and integrated.

During the present year the provision of the Slum Clearance Act brought the problem of the rehousing of old people into sharp focus. The detailed survey of sub-standard property showed that a large proportion of such houses were occupied by elderly people, many living alone in poor financial circumstances. These old people will have to be rehoused and most of these cases raise three distinct problems:—

1. A physical problem of providing suitable alternative accommodation.
2. A financial problem of providing new homes at rents which the old people can afford.
3. A human problem of uprooting the old people from houses in which they have lived most of their lives and replanting them in unfamiliar surroundings and perhaps at a distance from their old friends and neighbours.

Each of these problems may have to be faced in many cases and every housing authority must take positive action now to meet them when they do arise.

During the year there has been little change otherwise in the overall scheme for the care of old people in Swindon. The Swindon Old People's Welfare Committee with its system of district sub-committees and its voluntary visitors who are allocated to defined areas, continue to do excellent work and bring to the notice of the statutory authorities many cases where help is needed.

In this respect the demand for domestic help continues to grow and each year the number of domestic helps has to be increased to provide even a minimum of help to all necessitous cases. It is, however, gratifying to note that during 1955 we were able to provide some help in every instance where it was required by old people.

In all cases brought to our notice the old people are visited regularly by the health visitors and it is only in the very exceptional case that such visits are not welcomed. Unfortunately during the year the health visiting staff was far below establishment and the visiting of old people had to be considerably curtailed.

Enquiries from health visitors, district nurses and hospital staff elicited the unanimous opinion that almost every old person seen required the services of a chiropodist. The chiropody service provided by the Old People's Welfare Committee, while helping some of the more needy cases, cannot hope to cope with the large number who require such treatment. It is regretted that no scheme for the provision of a chiropody service can yet be provided under the National Health Service Act 1946, in spite of the many representations to this effect which have been made.

The laundry service at reduced cost for old people provided for an average of forty cases throughout the year and continues to prove a great boon to the recipients.

This service is provided by a local firm which still wishes to remain anonymous and who to their credit make no capital from this work. Incidentally the firm in question tells me that the quality and condition of the articles they receive from the old people is well above the average.

During the coming year it is hoped to provide a night attendant service for old people. This service is needed to provide rest for relatives looking after old people and in homes where there is nobody to give any night attention to the old people while temporarily ill or waiting admission to institutional care.

During the year approximately 1,040 meals were provided by the W.V.S. "Meals on Wheels" Service.

CARE OF PREMATURE INFANTS

Number of premature babies born:—					1954	1955
(i)	At home	...	...	...	27	24
(ii)	In hospital or nursing home	...	...	...	66	67
Number who died during the first 24 hours:—						
(i)	Born at home	...	...	...	2	1
(ii)	Born in hospital or nursing home	...	...	...	4	7
Number who survived at end of one month:—						
(i)	Born at home	...	...	...	25	23
(ii)	Born in hospital or nursing home	...	...	...	61	57

WELFARE FOODS

Since July, 1954, the distribution of foods, vitamin preparations and other items has been carried out at the Health Centre and all infant welfare clinics. The extent of this work, formerly carried on by the Ministry of Food, can be gauged from the following table:—

	<i>Health Centre issues</i>		<i>Clinics issues</i>	
National Dried Milk	...	35,015 tins	21,419 tins	
Cod Liver Oil	...	4,429 bottles	4,472 bottles	
Vitamin Tablets	...	2,575 packets	1,528 packets	
Orange Juice	...	31,928 bottles	23,467 bottles	

SUPPLY OF PROPRIETARY DRIED MILKS, ETC.

A member of our clerical staff attends at the child welfare clinics and among her other duties is the sale of dried milks and nutrients. During the year there were 5,978 such sales, for which £765 15s. 7½d. was received.

DENTAL CARE

During 1954, Swindon had the part-time services of two assistant county dental officers. On 1st February, 1955, one of these dentists, Mr. A. V. Yates took up a whole time appointment in Swindon and we also had the part-time services of Mr. Randerson, assistant county dental officer.

While this appointment helped considerably it is very obvious that with less than half our establishment of dental officers the dental department cannot possibly cope with the demands made on it. Repeated advertising failed to attract candidates to fill the vacant posts.

It is true to say that the present establishment of three dental officers could not now—with our rapidly increasing population—provide an adequate service. On the other hand it would appear to be futile to increase the establishment of dental officers unless there is a reasonable chance of filling the posts.

HEALTH VISITORS

At the beginning of the year the staff of health visitors consisted of seven health visitors one of whom was off ill and subsequently retired on the grounds of ill health. The senior health visitor resigned in August, 1954, and no applications for this post or for the two other vacancies were received in spite of repeated advertising. One health visitor resigned in April, 1955, and one resigned in June, 1955. This left us with five health visitors one of whom had been off ill since the beginning of the year. This shortage of staff severely limited the work of the department and is reflected in the figures given in the table on page 32.

At this stage the Borough Council made housing accommodation available for health visitors at the request of the County Health Committee, and by the end of the year we were able to recruit four health visitors (one part-time) and one other appointment was made but the applicant had not started work at the end of the year.

From our experience it would appear that it is almost essential to offer housing accommodation if a full establishment of nursing staff is to be recruited and maintained.

MIDWIFERY

Of the eight midwives employed at the end of the year, 5 were approved as teachers of pupil midwives.

The scheme for training pupils from Swindon Maternity Hospital and Bradford-on-Avon Maternity Hospital continued and during the year 12 pupils were trained.

During the year there were no domiciliary midwives in private practice in the Town.

The domiciliary midwives hold booking clinics as follows:—

81 Bath Road—2nd and 4th Wednesdays in the month at 6 p.m.

Pinehurst Clinic—Every Thursday at 2 p.m.

Penhill Farmhouse—1st and 3rd Tuesdays in the month.

In addition they attend the ante-natal clinics held at Pinehurst on Mondays and Fridays and carry out domiciliary ante-natal care.

During the year medical aid was summoned in 168 instances.

The scheme of co-operation between the Maternity Hospital and the Local Health Authority in respect of cases desiring admission to hospital for social reasons continues to work most satisfactorily.

Investigations of social circumstances are made by the health visitors and on the reports so made the Area Medical Officer makes his recommendations to the Consulting Obstetrician. During the year 322 of such investigations were carried out.

VACCINATION AND IMMUNISATION

During the year the major development in the schemes for vaccination and immunisation was the introduction of B.C.G. vaccination against tuberculosis for school children. This later scheme is reported on separately.

The scheme for immunisation against whooping cough and for the use of the combined antigen for diphtheria and whooping cough will be introduced as from 1st January, 1956.

During 1955 special efforts were made by way of publicity campaigns to stimulate immunisation against diphtheria and particular attention was given to the scheme for giving booster doses of antigen to school children. These efforts met with considerable success and are reflected in the figures given in table at foot of this page.

Facilities for vaccination and immunisation were available as before at infant welfare clinics and special sessions at clinics. In addition several immunisation sessions were held in schools.

The tables given below summarise the vaccination and immunisation carried out during the year:—

	Under 1 year.	1 to 4 years.	5 to 14 years.	15 years and over.	Total.
Primary Vaccination	439	70	18	24	551
Re-Vaccination	—	3	13	87	103
TOTALS	439	73	31	111	654

IMMUNISATION

	1954	1955
Number of clinics held	68	63
Number of attendances	1,171	3,202
Number of children who have completed course ...	587	763
Number of children immunised by general practitioners	387	417
Total number immunised	974	1,180
Re-inforcing injections, including those given by general practitioners	172	1,762

B.C.G. VACCINATION

As mentioned in last year's report plans were prepared for giving B.C.G. vaccination to school children in their 13th year. The medical officers carrying out the procedure were given a course of training under Dr. Harper, the Chest Physician.

The scheme was started in April, 1955.

All parents of children in this age group were sent details of the scheme and were required to complete a consent form if they wished their children to be tested and if necessary vaccinated.

After a preliminary tuberculin test (Heaf test) all those who showed a negative reaction were inoculated with the B.C.G. vaccine. Six weeks later those inoculated were re-tested with tuberculin to ascertain whether the vaccination had been successful in converting them to positive reactors.

The response to the scheme was most encouraging as of the 1,200 children eligible for vaccination consents to the procedure were obtained in respect of 865, representing 73% response.

No. of children given initial tuberculin test	...	...	865
No. of positive reactors	...	...	142—16.21 %
No. of negative reactors	...	...	726
No. of children vaccinated	...	...	723—82.87 %

As an initial positive reaction to the tuberculin test implied that these pupils had already been infected with tuberculosis, all children in this group and their family contacts were encouraged to attend the Mass radiography unit when it visited the town during October and November, 1955. They were visited by health visitors and issued with special cards and a nominal roll was supplied to the Mass Radiography Unit.

Of these children all but seven attended for x-ray examination. Three were found to have inactive primary tuberculosis lesions and two of them were already known and under the care of the Chest Physician.

One pupil was found to have a possibly active primary tuberculosis and was referred for treatment.

PREVENTION, CARE AND AFTER CARE

The scheme for prevention, care and after care in Swindon is similar to that for the county as a whole.

During the year convalescent or recuperative holidays were provided for 9, as compared with 22 in 1954.

Other provisions under this heading are referred to in other parts of the report.

DOMESTIC HELP SERVICE

A summary of the work of the domestic help service during the year is given below:—

Number of domestic helps on books at the end of the year	...	55
Number of householders helped during the year:—		
(a) Maternity cases	...	88
(b) Other cases	...	253
		341
Number of hours of assistance provided during the year:—		
(a) Maternity cases	...	7,423
(b) Other cases	...	49,987
		57,410
Number of cases in which full fee was not charged	...	323

During the year we were able to supply some domestic help to every necessitous case applying for it. In many instances, however, the amount of help given was less than requested or considered necessary.

The administration of this service becomes more complicated as the number of helps employed and the number of requests for service increases. Indeed it was felt that the time had come when, to maintain and enhance the efficiency of the service, a Domestic Help Supervisor is needed. The main function of such an officer would be to maintain an overall supervision of the service, to allocate help according to the needs of the applicants and instruct and train the domestic helps in the efficient performance of their duties.

One disturbing feature of the service during the year was the amount of time lost by the personnel due to sickness. Over the year this amounted to approximately 10% of the total potential hours of service of the staff employed. The schemes for assisting problem families by supplying them with free domestic help was introduced on the 7th November, 1955. Three domestic helps volunteered for this work and as a beginning two were chosen to work each morning with two problem families. Up to the end of the year the results of this scheme were to my mind disappointing.

Certainly both households were cleaner and the children better fed, but in both cases the housewife showed little or no evidence of any desire to co-operate. However, the time for which the scheme has been in operation is too short to assess its success or otherwise and it is hoped when repairs and decorations are carried out in the houses concerned the housewives will be encouraged to make a new effort to achieve a higher standard of living.

HEALTH CENTRE

DENTAL DEPARTMENT

Dental Surgeons	...	1	Dental Attendants	...	2
Dental Technicians	...	3	Dental Receptionist	...	1

During the year there were 10,034 attendances for treatment and the following work was carried out:—

Scalings.	Fillings.		Extractions.	X-rays.	Dentures.		Treatments.
	Amalgams.	Synthetic.			Repairs.	Manufactured.	
189	2,836	248	1,790	705	744	500	4,545

PHARMACY

The Pharmacy dealt with 123,999 prescriptions during the year.

CARE OF EXPECTANT AND NURSING MOTHERS

ANTE AND POST NATAL CLINICS

Clinics at which a doctor is in attendance are held weekly as follows:—

Beech Avenue	Mondays and Fridays	...	1.30 to 4 p.m.
Bath Road	...	Mondays	...

	1955	1954	1953
Number of women who attended these clinics during the period	494	592	752
Number of attendances made during the period	...	2,010	2,863
			3,439

INFANT WELFARE CLINICS

The Table below gives the list of clinics held and the attendances made:—

Centre.	Day and Time, 2—4 p.m.	Number of Consultations with Doctor.	Number of Attendances.
61, Eastcott Hill	Wednesday and Friday ...	1,357	3,271
Beech Avenue, Pinehurst	Tuesday	611	2,413
Gorse Hill	Wednesday	—	1,979
Rodbourne Cheney	Monday	—	1,088
Bath Road	Friday	584	1,506
Penhill	Thursday	832	2,715

The table above gives a list of clinics held and the attendances made. The numbers attending Penhill Farmhouse clinic have increased to such an extent that the clinic premises become grossly congested.

It is regretted that the new clinic premises in the proposed community centre are not likely to be available for a considerable time yet. It is thus necessary to hold extra sessions at the Farmhouse and application has been made for an extra weekly clinic. The present establishment of medical officers is inadequate to cover this session so a part-time medical officer will have to be employed for it.

In July, the Moredon clinic premises became no longer available for clinic purposes. Alternative accommodation was obtained in the Methodist Chapel at Rodbourne and the clinic commenced there on the 8th August last. These premises, although not ideal, do serve the purpose and are in any case preferable to the premises at Moredon.

With the development of the Walcot estate it is obvious that in the near future clinic premises will be needed there and negotiations to this effect are taking place.

DAY NURSERY

The only day nursery operating in Swindon continues to be housed in the Gorse Hill Community centre. The premises which are adapted for this use are adequate but give a general impression of dinginess. Recently the land surrounding the nursery has been built up and the absence of any open air playing space is a big drawback. There are public parks not too far distant from the nursery but to reach them the children have to be escorted through busy streets.

During the year it has been possible to accommodate all the necessitous cases applying for admission to the nursery. On the other hand there have been many applications for admission, particularly from overspill population from parents who wish their children cared for to allow them to earn additional wages. In accordance with the policy of the County Council the only children accepted for placement in the nursery are selected after careful scrutiny of the individual circumstances.

At the present time there appears to be an insufficient demand from necessitous cases to warrant an increased number of nursery places.

The nursery staff continue to prepare all meals for the children. The cost of providing meals in this way compares very favourably in cost and suitability of food with the previous method of supplying meals through the school meals service.

	Number of Nurseries.	Number of Approved Places.	Number of Children on the register at the end of the year.		Average Daily Attendance.	
			0—5	0—2 2—5	0—2	2—5
Nurseries maintained by the Council ...	1	25	4	14	4	10

FAMILY PLANNING ASSOCIATION

The Family Planning Association continues to hold clinics at Eastcott Hill clinic weekly.

TREATMENT OF INFANTS FOR ORTHOPAEDIC AND OPHTHALMIC DEFECTS

4 children were referred to the Orthopaedic clinic at St. Margaret's Hospital.

14 cases attended the Surgeons' sessions and made 56 attendances.

4 cases attended the Sisters' sessions and made 13 attendances.

33 children were seen by the Ophthalmologist, making 125 attendances.

23 cases attended the Premature Baby Eye Clinic and made 99 attendances.

MIDWIFERY SERVICE

The following is an analysis of the midwifery carried out in the area during the year:—

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases.					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals	
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked doctor or another).	Doctor not present at time of delivery of child.		
(a) Midwives employed by the Authority	—	1	97	434	532	—
(b) Midwives employed by voluntary organisations:—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise including hospitals not transferred to the Minister under the National Health Service Act) ...	—	—	—	—	—	—
(c) Midwives employed by hospital management committees or Boards of Governors under the National Health Service Act ...	—	—	—	—	—	778
(d) Midwives in private practice (including midwives employed in nursing homes)	—	—	—	—	—	163

ADMINISTRATION OF GAS AND AIR ANALGESIA

All the domiciliary midwives employed are qualified to administer gas and air analgesia. During the year instruction in the administration of trilene analgesia was given to these midwives and six were issued with trilene apparatus. Preliminary reports from the midwives using the analgesia are most satisfactory both from the midwives and the patients point of view.

As in previous years patients are given demonstrations of the analgesia apparatus during the antenatal period.

Details of the administration of analgesia during the year are summarised as follows:—

					<i>Midwives acting as such</i>	<i>Midwives acting as Maternity Nurses</i>
Gas and Air	...	...	...	...	194	35
Trilene	...	...	...	...	179	39

MIDWIVES ACT, 1951

Medical aid was summoned in 168 domiciliary cases during the year.

HEALTH VISITING

Number of visits paid by Health Visitors (figures for 1954 in brackets):—

Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.	Other Classes.
First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.
313 (331)	322 (345)	1,110 (1,067)	2,238 (3,464)	1,665 (3,015)	1,134 (1,780)

Number of live births to Swindon residents during the year ... 1,151

Number of stillbirths to Swindon residents during the year ... 23

Included in "Other Classes" in this table are 347 visits to cases of infectious diseases and 371 visits to cases of tuberculosis.

HOME NURSING

DETAILS OF WORK CARRIED OUT BY HOME NURSES

	<i>No. of Cases</i>
Respiratory diseases (excluding tuberculosis) ...	143
Digestive diseases ...	85
Heart and Arteries ...	115
Veins and other circulatory diseases ...	33
Genito-urinary ...	96
Skin ...	227
Ear, Eye and other sense organs ...	65
Cancer (and other neoplasms) ...	50
Cerebral lesions of vascular origin ...	26
Infectious and parasitic diseases ...	258
Diabetes ...	32
Injuries ...	17
Tuberculosis ...	10
Bones and organs of movement (mainly rheumatism) ...	41
Pregnancy ...	38
Mental and other nervous diseases ...	4
Other diseases or ill defined ...	407
Preparation for X-ray examination ...	61
Total number of cases ...	1,708

in respect of which a total of 22,098 visits were made.

PROVISION OF NURSING EQUIPMENT AND APPARATUS

The Medical Loan Depot housed at the Health Centre continues to have regular demands made on it for nursing equipment and apparatus.

A summary of the equipment issued and the stocks held is given below.

				<i>Issues :</i>		<i>Stock at 31/12/55</i>	<i>Additions and Renewals during 1955</i>
		<i>On Payment.</i>		<i>Free</i>	<i>On Loan.</i>		
Invalid chairs	31		1	34	—
Air Rings	65		3	33	6
Waterproof Sheets	200		3	94	38
Bed Pans	195		2	84	27
Bed Rests	60		3	27	3
Bed Slippers	14		—	10	—
Crutches (pairs)	6		3	32	—
Urinals	30		1	16	—
Air Beds	2		—	8	—
Bed Cradles	9		—	10	—
Bed Tables	1		—	5	—
Mattresses	—		—	2	—
Inhalers	1		1	1	—
Walking Sticks	2		1	3	—
Feeding Cups	7		—	19	—
Diet Spring Balances	—		—	3	—
Electric Blankets	—		—	1	—
Rubber Bed Pans	—		—	5	—
Hot Water Bottles	1		—	19	—

						£	s.	d.
Hire payments received on appliances during the year ended 31/12/54	...	88	1	5				
Hire payments received on appliances during the year ended 31/12/55	...	78	0	10				

JAMES URQUHART

Mental Health Services

(1) ADMINISTRATION.

(a) STAFF.

Dr. D. L. Johnson, the Senior Medical Officer, continued to devote a good deal of his time to mental health work and examinations were carried out by him and ten of the assistant county medical officers, who have been approved for the purpose. These examinations include the initial ascertainment of mental defectives, completion of application forms for vacancies in mental deficiency hospitals, medical certificates required when patients' orders are due for reconsideration and annual reports on mental defectives under guardianship.

In December Miss J. E. Pearce, the deputy mental health officer for the Salisbury area, retired after thirty-two years' service with the Wiltshire Voluntary Association for Mental Welfare and the County Council. Mr. R. A. Lawton, who was deputy to Mr. Shadwell, has been appointed to fill the vacancy. The officers and the areas for which they are responsible are as follows:—

Salisbury City,
Wilton Borough,
Salisbury and Wilton Rural District,
Amesbury Rural District,
Mere and Tisbury Rural District.

Mr. R. H. G. Moore, 9 a.m.—5 p.m., 48, Blue Boar Row, Salisbury (Tel.: Salisbury 4355).

Outside office hours: 56, Mill Road, Salisbury (Tel.: Salisbury 4973).

Mr. R. A. Lawton, Deputy. Commenced 10/4/56.
Treetops, White Hill, Pitton, nr. Salisbury.

Swindon Borough,
Highworth Rural District,
Cricklade and Wootton Bassett Rural District.

Miss S. Ponting, 9 a.m.—5 p.m., 36, Milton Road, Swindon (Tel.: Swindon 4102/3).

Outside office hours: 212, Shrivenham Road, Swindon (Tel.: Swindon 4381).

Mr. L. Fry, Deputy.

Outside office hours: 53, Bryans Close Road, Calne.
By message through Calne or Chippenham Police-Calne 2106;
Chippenham 2222.

Chippenham Borough,
Calne Borough,
Calne and Chippenham Rural District,
Malmesbury Borough,
Malmesbury Rural District,
Bradford and Melksham Rural District.

Mr. R. A. Shadwell, 9 a.m.—5.15 p.m., County Hall, Trowbridge (Tel.: Trowbridge 3641).

Outside office hours: 18, Marshmead, Hilperton (Tel.: Trowbridge 2300).

Mr. F. Garnett, Deputy, c/o 7, Innox Road, Trowbridge.
Commenced 4/6/56.

Trowbridge Urban District,
Bradford-on-Avon Urban District,
Melksham Urban District,
Devizes Borough,
Devizes Rural District,
Pewsey Rural District,
Marlborough Borough,
Marlborough and Ramsbury Rural District,
Warminster Urban District,
Westbury Urban District,
Warminster and Westbury Rural District.

Mr. C. J. Lewis, 9 a.m.—5.15 p.m., County Hall, Trowbridge (Tel.: Trowbridge 3641).

Outside office hours: 40, Westbourne Road, Trowbridge (Tel.: Trowbridge 2696).

Miss B. A. Bezzant, Deputy. 9 a.m.—5.15 p.m., 2 Church Street, Pewsey (Tel.: Pewsey 3259).

Outside office hours: 20, Wilcot, Pewsey (Tel.: Pewsey 2243).

If the officer or deputy of a particular area is not available, contact is made with the officer in the adjoining area and there is little delay in visiting persons of unsound mind. During evenings, week-ends and holidays the mental health officer or deputy is available in the Salisbury and Swindon districts, whilst the Trowbridge-Devizes, etc., and Chippenham, etc., areas are combined—a rota of officers on duty being given to the Superintendent of the Bradford-on-Avon Ambulance Station, to whom all initial enquiries should be made. This means that a doctor wishing to arrange the urgent admission of a patient to a mental hospital has no difficulty in contacting a mental health officer and prompt action can be taken at any time. The police are always helpful and ready to assist with difficult patients.

The Mental Health Supervising Officer and the mental health officers are all duly authorised to take proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts. Six of these officers have been to courses on mental health, and all have had previous experience as relieving officer, clerk in mental health work or at an occupation centre, except one of the deputy mental health officers, who has had experience in social work.

The staff of the four occupation Centres for mental defectives was as follows at the end of the year:—

Chippenham	...	...	Supervisor:	Mrs. A. Webb.
			Assistant:	Mrs. K. M. Marsh (resigned 29/6/56).
Salisbury	...	...	Supervisor:	Miss M. E. Hammond.
			Assistants:	Miss D. Porter.
				Miss E. Macey.
Swindon	...	...	Supervisor:	Miss I. L. Piper.
			Assistant:	Mrs. I. F. Caton.
Trowbridge	...	...	Supervisor:	Mrs. E. K. Urwin.
			Assistants:	Mrs. E. O. M. Bodmin.
				Mrs. M. V. G. Mitchell.

In addition to the above, part-time meals assistants are employed at Chippenham and Swindon Centres.

Mrs. Ardagh has continued to assist as a voluntary helper at the Salisbury Occupation Centre and voluntary help has been given by the W.V.S. at the Swindon Centre during emergencies and on special occasions.

(b) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS.

During the year 237 patients residing within the catchment area of the Old Manor Hospital, Salisbury, were admitted to that hospital and 671 patients from other parts of the County to Roundway Hospital.

As will be seen from the following table, the admission of patients from the Bournemouth area to the Old Manor Hospital under Section 20 increases the work of the mental health officers for the Salisbury area.

OUT-COUNTY CASES NOT INCLUDED IN THE SUMMARY OF CASES DEALT WITH BY MENTAL HEALTH OFFICERS.

	Certified.		Temporary.		Voluntary.		Total.
	M.	F.	M.	F.	M.	F.	
Transferred to Park Prewett Hospital, Basingstoke ...	4	7	—	4	4	7	26
Transferred to Holloway Sanatorium, Virginia Water ...	—	—	—	—	—	1	1
Transferred to Fulbourn Hospital, Cambs. ...	—	1	—	—	—	—	1
Remained at the Old Manor Hospital ...	1	—	—	—	—	—	1
	5	8	—	4	4	8	29

Psychiatric out-patient clinics attended by the members of the staff of Roundway Hospital are held at Devizes, Swindon and Trowbridge, and similar clinics attended by the staff of the Knowle Mental Hospital Group are held at the Old Manor Hospital, Odstock Hospital and Salisbury General Infirmary.

Psychiatric social workers employed by the hospital management committees supervise patients on trial or boarded out from mental hospitals and give after-care to discharged patients on behalf of the local health authority. In December, 1954, it was decided to refer for after-care to the mental health officers for the Salisbury area a selected number of patients discharged from the Old Manor Hospital and during 1955 twenty-two patients were so referred and fifty-seven after-care visits made.

There is growing co-operation also with Pewsey Hospital in the care of mental defectives. Psychiatric social workers from the Hospital make enquiries before defectives are placed on prolonged licence. Some of these patients are thereafter visited by the mental health officers, who also make periodic reports on patients resident in this county who are on licence from other

mental deficiency hospitals. They have also made many reports on the home conditions of defectives in institutions:—

- (1) when holidays or prolonged licence are being considered,
- (2) in respect of applications for the discharge of patients' orders under the Mental Deficiency Acts, and
- (3) when the renewal of orders is due for consideration by the Visitors under Section 11 of the Mental Deficiency Act, 1913.

(c) VOLUNTARY VISITORS.

Reports on a number of mental defectives under supervision have been received at half-yearly intervals from 25 voluntary visitors who acted for the Wiltshire Voluntary Association for Mental Welfare until the implementation of the National Health Service Act, 1946.

(2) WORK UNDERTAKEN IN THE COMMUNITY.

(a) SECTION 28—NATIONAL HEALTH SERVICE ACT, 1946.

Of the discharged service patients referred to the Local Health Authority in accordance with Ministry of Health Circular 146/48, only one case remains current, and this was the only new case reported during the year.

(b) LUNACY & MENTAL TREATMENT ACTS, 1890-1930.

For the last five years the total number of cases dealt with by the duly authorised mental health officers was:—

1951	1952	1953	1954	1955
344	361	481	552	613

The following is a summary of cases dealt with during 1955:—

Area.	Certified.			Temporary.			Voluntary.			Section 20 or Urgency Orders.			Totals.		Grand Total.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	
Trowbridge, Devizes, etc., Warminster.	1	6	7	—	—	—	15	31	46	21	29	50	37	66	103
Salisbury ...	2	6	8	1	—	1	28	26	54	23	24	47	54	56	110
Swindon ...	6	4	10	—	—	—	75	111	186	25	44	69	106	159	265
Chippenham ...	4	1	5	—	—	—	26	25	51	7	18	25	37	44	81
AREA TOTALS ...	13	17	30	1	—	1	144	193	337	76	115	191	234	325	559
Certified at Roundway Hospital ...	16	10	26										16	10	26
Certified at The Old Manor Hospital ...	6	17	23										6	17	23
Made Temporary patients at The Old Manor Hospital ..				3	2	5							3	2	5
GRAND TOTALS	35	44	79	4	2	6	144	193	337	76	115	191	259	354	613

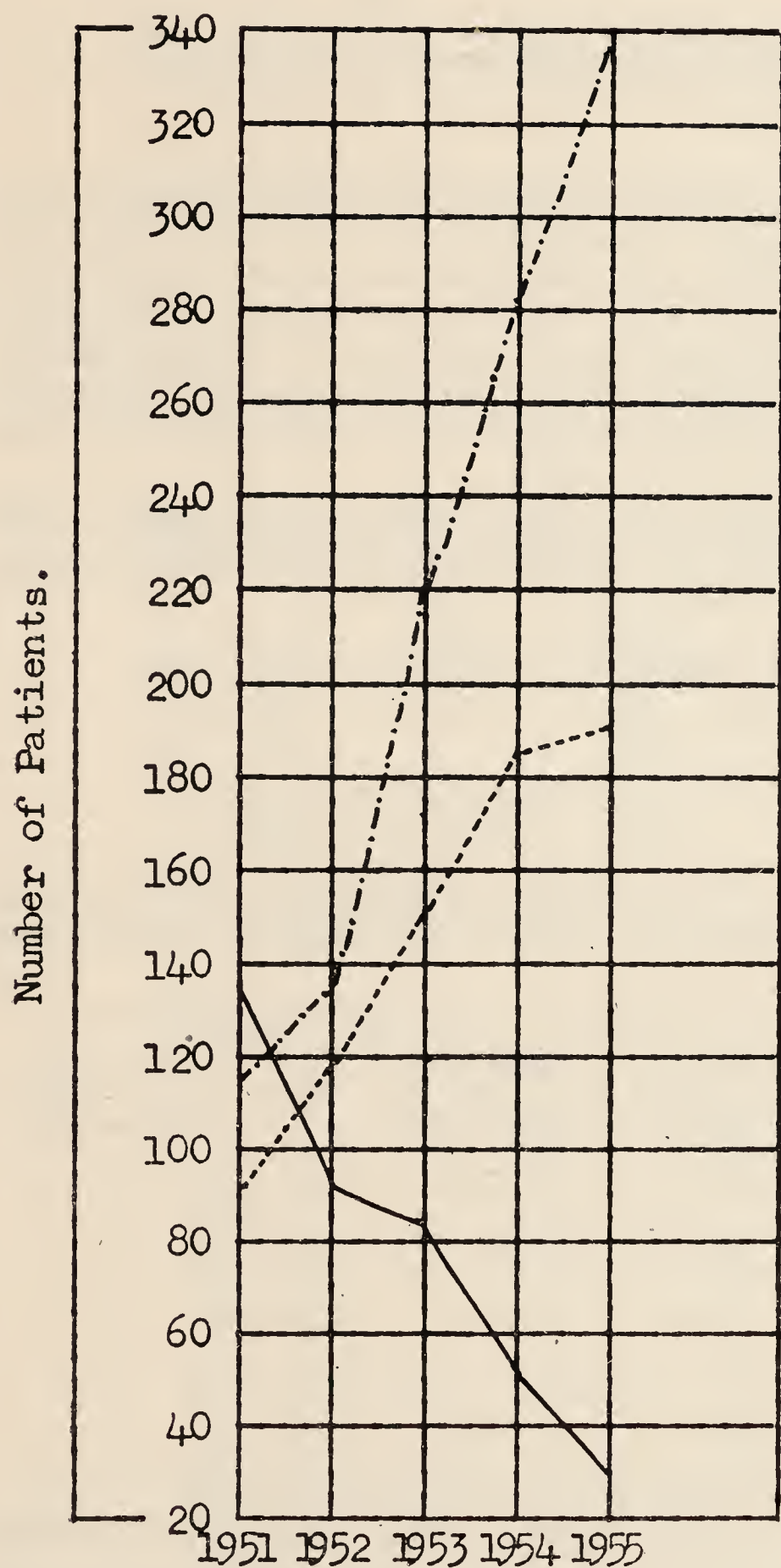
Of the 191 cases admitted under Section 20, 127 were extended under Section 21a.

The following is a summary of the further disposal of patients admitted to Hospital under Section 20 or on urgency order:—

	M.	F.	T.	Percentage.
Certified	13	17	30	15.70
Temporary patients	2	2	4	2.10
Voluntary patients	37	79	116	60.73
Discharged	20	8	28	14.66
Died	3	5	8	4.19
Transferred to other Hospitals ...	1	1	2	1.05
Disposal unknown	—	3	3	1.57
	76	115	191	

The following Graph (A) shows the types of hospital admission arranged by the mental health officers over the past five years. The next Graph (B) shows Section 20 patients during the last five years who were subsequently certified or became voluntary patients:—

Graph (A)

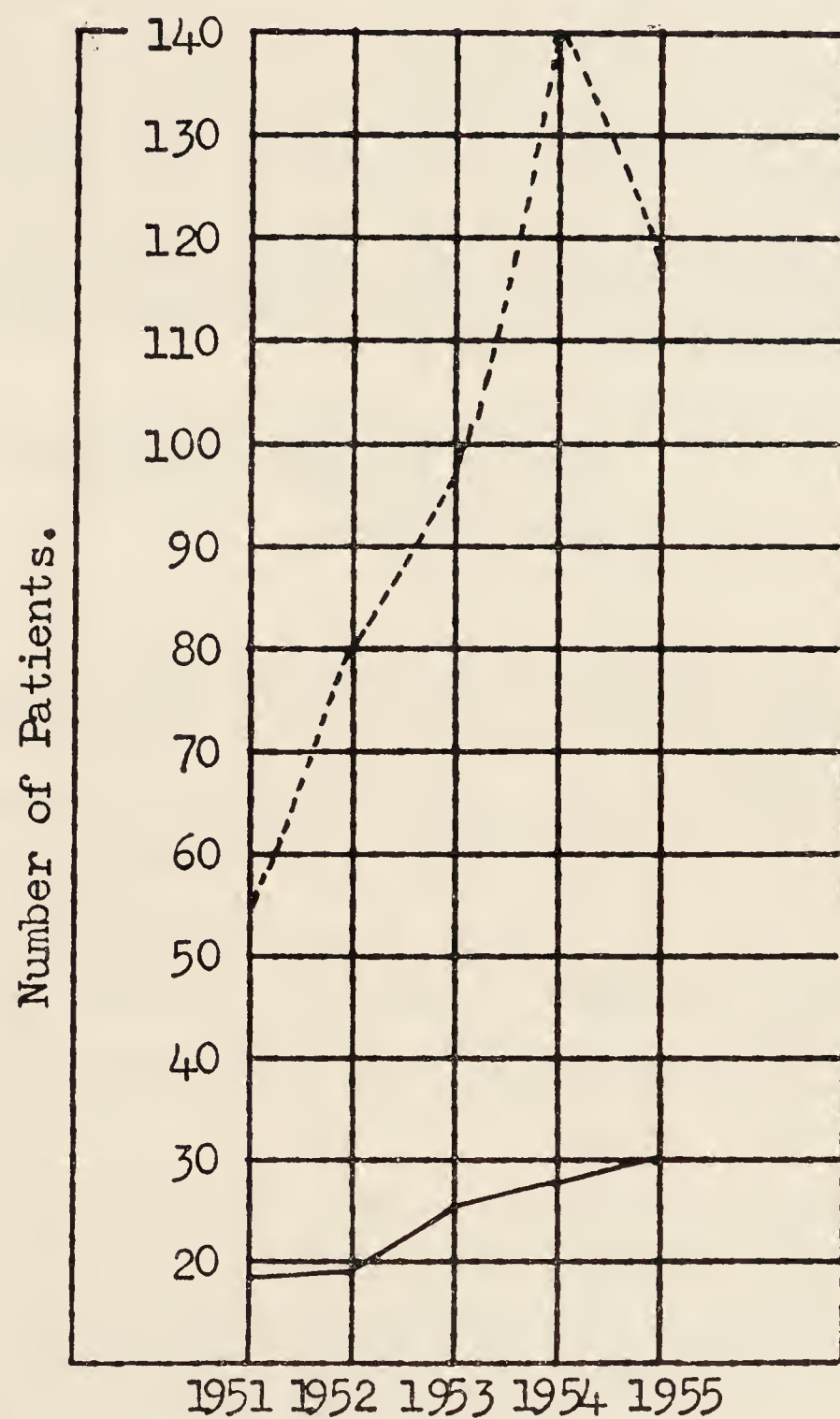


Certified _____

Section 20 - - - - -

Voluntary - - - - -

Graph (B)



Section 20

Patients Certified _____

Section 20 Patients

becoming Voluntary - - - - -

The use of Section 20 as a means of admission of the unwilling patient to hospital avoids, in the majority of cases, the necessity of certification. This position is amplified by the graph showing the number of Section 20 cases which later became voluntary.

TRANSFERS.

The following is a summary of the patients transferred by mental health officers or their deputies:—

	M.	F.	T.
From private mental hospitals to health service mental hospitals ...	4	—	4
From health service mental hospitals to health service mental hospitals	8	15	23
	12	15	27

Included in this summary are 25 relatives of service personnel or civilian Government employees serving overseas suffering from mental illness who were evacuated by air to this country, 24 of whom were admitted in the first instance to Roundway Hospital and one to Warley Hospital, Brentwood, either direct from Lyneham Aerodrome or from the R.A.F. Hospital, Wroughton. Of these 16 were subsequently transferred to hospitals near their homes (one as a certified patient and 15 as voluntary patients), three who became voluntary patients were subsequently discharged, one was certified and still remains at Roundway Hospital and four were discharged. The final disposal of the patient admitted to Warley Hospital is not known.

As stated previously, a 24-hour service is provided for the whole County by the mental health officers and their deputies. The following table shows the ratio between cases dealt with during and after normal office hours:—

	During office hours.	After office hours.	Total.
Admitted to hospital or transferred ...	404	182	586
Other cases visited	622	63	685
After care visits	57	—	57
	1,083	245	1,328

A comparison is made in the following table of the incidence of admissions to hospital as certified patients and under Section 20 and urgency orders in relation to population over the past five years.

Year.	Population.	Certified.	Incidence per 1,000 of population.	Section 20 and Urgency Orders.	Incidence per 1,000 of population.	Total.	Incidence per 1,000 of population.
1951	392,400	135	.344	90	.229	225	.573
1952	388,500	89	.229	116	.298	205	.527
1953	390,700	85	.218	148	.378	233	.596
1954	394,800	49	.124	186	.471	235	.595
1955	397,500	30	.075	191	.48	221	.555

The number of patients referred to and dealt with by the mental health officers has shown a consistent increase from 344 in 1951 to 613 this year and in the same period the annual admissions at Roundway Hospital have increased from 535 to 671. These figures might seem to suggest that the incidence of mental ill health is increasing at an alarming rate, but no doubt much of the increase is explained by the increasing readiness to regard mental illness as curable and to accept treatment; consequently many patients are now entering hospital who would not have done so a few years ago. Other reasons are the decline of the "stigma" formerly attached to mental illness and mental hospitals and the fact that since the inception of the Nation¹ Health Service treatment is free.

c) MENTAL DEFICIENCY ACTS, 1913-1938.

1) ASCERTAINMENT.

During the year 123 new patients were reported. Of these one moved out of the County and 32 were regarded as not "subject to be dealt with" and placed under friendly supervision. The remaining 90 found "subject to be dealt with" were in the following groups:—

	M.	F.	Total.
Notified under the Education Act, 1944.			
Section 57 (3)—Incapable of receiving education at school ...	25	13	38
Section 57 (5)—Requiring supervision on leaving			
Special Schools ...	3	3	6
Ordinary Schools ...	11	7	18
Reported by Police or through Courts ...	4	2	6
Reported from other sources ...	12	10	22
Totals ...	55	35	90

Of the above, 12 cases were notified under Section 57 (3) and nine under Section 57 (5) of the Education Act, 1944, by the Borough of Swindon Excepted District.

Thirty-three persons were admitted to mental deficiency hospitals during the year, 11 at the instance of their parents under Section 3 of the principal Act, three by the Courts under Section (1) (b) of the Act, and 15 petitions were presented in accordance with Section 6: four were admitted by varying order from guardianship.

The following is a summary of Wiltshire patients detained in mental deficiency hospitals, on licence therefrom or who were awaiting admission at the end of the year:—

	M.	F.	Total.
Detained in hospitals (excluding those on licence) ...	357	353	710
On licence from hospitals ...	38	51	89
Awaiting vacancies ...	40	26	66

Of those awaiting admission 21 were regarded as urgent.

When necessary, petitions are presented on behalf of other Authorities in respect of mental defectives admitted to the Pewsey Hospital in the first instance as in a "place of safety." Sixteen such cases were dealt with during the year.

Of the patients detained in mental deficiency hospitals, 18 died during the year. Of the 32 who were discharged, 22 were placed under friendly supervision, one was in a mental hospital, five went to other counties, varying orders were obtained in respect of two patients transferring them to guardianship, one patient joined the W.R.A.C.S., and another escaped and her order subsequently lapsed by "operation of law."

Twenty-five patients were admitted to mental deficiency hospitals during the year for temporary periods (under the provisions of Ministry of Health Circular 5/52), but three of these remained under Section 3 of the Act, one remained under Section 6 of the Act and one died. This short-term care has continued to be of great value in an emergency such as illness of the mother, or where both parents are in need of a holiday or a rest from caring for the defective.

(2) GUARDIANSHIP.

Information regarding patients under guardianship is set out in the following table:—

		Varying Orders.						
Patients under Guardianship at 31/12/54.	New Cases placed under Guardianship.	Transferred to Guardianship from M.D. Hospitals.	Transferred to M.D. Hospitals from Guardianship.	Transferred to new Guardian.	Discharged to Friendly Supervision.	Deaths.	Admitted temporarily on licence to M.D. Hospitals.	Patients under Guardianship at 31/12/55.
M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
40 58 98	1 1 2	1 1 2	2 2 4	1 2 3	4 3 7	1 2 3	1 4 5	35 53 88

The five patients were admitted temporarily on licence to mental deficiency hospitals mainly to help the guardian.

Regular visits have been paid to these defectives by the mental health officers and they have also been seen by the medical staff in accordance with Article 76 of the Mental Deficiency Regulations, 1948. Financial assistance has been provided for the majority of these patients by the National Assistance Board, although additional help has been given for some by the Local Health Authority making grants towards clothing.

(3) SUPERVISION.

At the end of the year 526 patients were under statutory supervision. During the year 170 were subject to the biennial review instituted four years ago and, as a result of this review, 13 were transferred to friendly supervision and three were removed completely from the supervision list. Two other patients were transferred to friendly supervision and two removed from the list, although not actually due for review. Ten patients died and 10 removed from the area. Eight patients were admitted to mental hospitals, four of these being still there at the end of the year.

There were 281 patients under friendly supervision at the end of the year and during the year 26 were removed from supervision, one died and six removed from the area. Four patients married during the year and of these three were removed from supervision.

(4) TRAINING.

At the end of the year 120 patients were attending the four occupation centres in the County.

The Centre at Chippenham is held daily at the Liberal Hall, Station Hill, from 9.30 a.m. to 3.30 p.m., and there were eight males and 11 females on the register at the end of the year. The part-time meals assistant has been a valuable addition to the staff. The curriculum includes speech training, percussion band, dancing, handwork and singing. In March a Mothers' Day was held at the Centre and in June another outing was enjoyed in the grounds of the Vicarage at Calne, by kind permission of the Rev. W. D. O'Hanlon. In July an Open Day was held and the usual party at Christmas. During the year the Supervisor and her assistant paid visits to the Occupation Centres at Salisbury and Bristol.

The Swindon Centre continues at 81 Bath Road, and is open from 9.30 a.m. to 3.30 p.m. There were 13 males and 20 females on the register at the end of the year. The present accommodation is most inadequate; the waiting list is steadily increasing and will continue to do so as the population of Swindon grows. Negotiations for a site are in progress so that a new centre can be built.

In June a part-time meals assistant was appointed and has been of great assistance to the staff. The Swindon branches of the W.V.S. and Townswomen's Guild continue to take an active interest in this Centre. The W.V.S. provide escorts for the vehicles bringing the children to the Centre and some of the members assist at the Centre during emergencies and on special occasions. The following activities were held during the year:—

June	...	Outing to Bristol Zoo.
October		"Happy-Jolly" Fair at the Centre.
December		Christmas Party.
December		Christmas Tree and Presents, etc. (kindly provided by the W.V.S.).

The Centre at Salisbury is held daily at Exeter House, Exeter Street, from 9.30 a.m. to 3.30 p.m. There were 12 males and 16 females on the register at the end of the year and of these one female patient was resident outside the County. The older defectives are keen on handwork and in addition they enjoy playing netball on the lawn. An outing was arranged to West Bay in June and Open Days and Parents' Days were held in July and November. In September a Harvest Festival was held, the gifts of fruit, etc., being distributed to old people. There was the usual Christmas party.

The Centre at Trowbridge is held at the Zion Baptist Chapel Schoolroom, Union Street, from 9.30 a.m. to 3.30 p.m., and there were 27 males and 13 females on the register at the end of the year. Since October, Mrs. Bodmin, one of the assistants, has been off duty owing to illness, but Mrs. Urwin and Mrs. Mitchell have carried on with the help of a part-time meals assistant. In May a Parents' Day was held and in July the children enjoyed an outing to Sandbanks. Harvest Festival was held in September and the Christmas party at the end of the year.

Although this Centre continues to make good progress with 40 defectives on the register, the waiting list is steadily increasing, and permission has been given to seek a suitable site with a view to a new centre being built to meet the needs of the Trowbridge, Warminster and Devizes areas.

At each centre free milk is supplied to those under 18 years of age, in accordance with the milk in schools scheme. By arrangement with the school meals service, hot mid-day meals are provided at a cost of 9d. a meal, the balance being paid by the Local Health Authority. In certain cases of hardship, however, defectives are provided with meals free or at half the normal rate. Routine medical and dental inspections have been carried out at each centre.

The provision of transport continues to be one of the main problems in getting defectives into occupation centres.

(5) HOME TEACHING.

In August Miss C. Bannister commenced her duties as a full-time home teacher. Her centre is at Chippenham and 20 defectives in the north west part of the County are receiving weekly lessons. These include speech training, sense training, musical movement with the aid of gramophone records, handwork in the form of stool weaving, embroidery, rug making, etc. The defectives look forward to Miss Bannister's visit and the parents are very co-operative. One of the successes of this scheme is the case of a female defective of 40 years of age who has never been able to do any handwork. She is now doing embroidery and has made a rug wool mat. Her parents are delighted that their daughter has at last been able to keep herself occupied.

Home teaching serves a dual purpose by sharing the parents' burden and helping the children to take a more active part in community life.

In addition, the mental health officer at Swindon and the deputy mental health officer at Pewsey have continued to give home teaching to eight defectives. This is a less satisfactory arrangement as often home teaching appointments have to be cancelled owing to the need to deal with urgent mental cases.

There are still a number of defectives in the community who, although suitable for attendance at an occupation centre or for home teaching, are not within reach of either.

Tuberculosis

The County Council is responsible for prevention and after-care, and the three regional hospital boards covering the county for diagnosis and treatment.

NOTIFICATIONS AND DEATHS.

The following table shows the number of notifications of pulmonary and non-pulmonary tuberculosis, and the number of deaths from pulmonary and non-pulmonary tuberculosis yearly from 1946 to 1955:—

Year.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Totals.		Population.
	Notifications.	Deaths.	Notifications.	Deaths.	Notifications.	Deaths.	
1946	255	110	96	16	351	126	330,840
1947	281	102	92	19	373	121	334,500
1948	299	108	105	23	404	131	347,400
1949	315	91	111	12	426	103	350,600
1950	288	94	68	8	356	102	381,860
1951	316	68	87	10	403	78	392,400
1952	250	63	65	12	315	75	388,500
1953	329	41	49	10	378	51	390,700
1954	223	35	79	14	302	49	394,800
1955	212	31	38	1	250	32	397,500

From 1950 the population figure includes both civilians and the members of the armed forces stationed in the area.

NOTIFICATIONS.

The 1955 notifications are analysed below:—

Age Periods.	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	TOTAL.
Pulmonary Males ...	—	—	—	2	1	11	9	29	19	15	11	13	2	112
Pulmonary Females ...	1	1	—	2	4	9	17	29	18	7	7	4	1	100
Non-Pulmonary Males ...	—	—	—	2	4	3	—	2	2	—	3	—	—	16
Non-Pulmonary Females	—	—	3	1	7	1	2	2	4	2	—	—	—	22
Totals ...	1	1	3	7	16	24	28	62	43	24	21	17	3	250

Most of the pulmonary cases occur, as is usual, in the period 15-45 years, but more are now notified in the age groups 55-65 years and over, especially in males.

In 1955 the sex ratio of notified cases of pulmonary tuberculosis was practically equal, 112 males and 100 females. As a result the strain upon hospital beds for men was less marked than formerly and few patients of either sex now have to wait long for admission to institutions. On the 31st December, 1955, there were six men and seven women awaiting sanatorium treatment.

In addition to the primary notifications shown in the table, information of 72 other cases of tuberculosis was received, 63 being transfers from other areas, five non-notified cases discovered from the death returns received from the district registrars, three transferable deaths of patients who died in hospitals outside the county and were not notified in Wiltshire during life, and one a posthumous notification. One of the non-notified cases and the case notified posthumously died in hospital, the latter in a mental hospital. Special attention was paid to the examination of contacts in all non-notified and transferable death cases.

No outbreak of tuberculous adenitis occurred through infected milk supplies, as was the case in 1954.

DEATHS.

During 1955 there were 32 deaths from tuberculosis, 31 pulmonary and one non-pulmonary. This compares with 49 deaths in 1954.

The 32 deaths from tuberculosis occurred in the following age groups:—

Age Group.	Number of deaths from—		Total Deaths.
	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	
25—45	8	1	9
45—65	13	—	13
65—75	10	—	10
TOTALS	31	1	32

The corrected death rate from all forms of tuberculosis for 1955 was 0.08 per 1,000 of the population, compared with 0.12 in 1954. The pulmonary death rate was 0.079 per 1,000 of the population, and for non-pulmonary 0.001 per 1,000, the latter rate being extraordinarily low, owing to there being but one death registered from this cause.

The provisional death rate for England and Wales from all forms of tuberculosis was 0.146 per 1,000 of the population, compared with 0.18 in the previous year. The tuberculosis death rate in Wiltshire thus still remains well below the national rate, and is much the same as that for other rural counties.

The death rates for tuberculosis are probably even better than the figures shown above would suggest. It is now generally known that the number of deaths and death rates can give a very misleading picture, and that many patients known to be tuberculous may have died from some other cause, the tuberculous disease being arrested at the time of death. A death therefore may not be directly attributable to tuberculosis, although it may be certified as such in view of the patient's previous history.

A much greater cause of death than tuberculosis is now cancer of the lung and bronchus.

The following statistics show the comparisons between deaths from cancer of the lung and bronchus, and from tuberculosis, in England and Wales and in Wiltshire during 1955:—

Cause of Death.	England and Wales.		Wiltshire.	
	Total Deaths.	Death rate per 1,000 population.	Total Deaths.	Death rate per 1,000 population.
Cancer of lung and bronchus	17,271	0.389	109	0.27
Tuberculosis	6,493	0.146	32	0.08

NOTIFICATION AND DEATH RATES.

The graph on page 45 of notification and death rates in Wiltshire for the years 1938 to 1955 inclusive may be of interest. It will be seen that the fall in the notification rate is a much slower process than that in the death rate, but since 1950 the tendency for notifications to fall is becoming more apparent, although fluctuations are still likely to occur. The increase in the rate during the war years was due to the large number of persons evacuated to the county, war workers and discharged ex-service personnel. Methods of prevention in the examination of contacts, better housing and generally improved social conditions have helped to reduce it since.

The drop in the death rate is marked and is largely due to the increasing use of chemotherapy and surgical treatment.

CASES OF TUBERCULOSIS STILL REMAINING UPON THE REGISTER.

In spite of the fall in the notification rate, the much greater fall in the death rate increases the number of patients under supervision. Although chemotherapy frequently renders patients non infectious, the danger always remains of relapse into an infectious state, and vigilance is necessary.

The number of cases of tuberculosis, pulmonary and non-pulmonary, remaining on the register at 31st December, the number of patients who were sputum positive, and the number of visits paid by health visitors, during the years 1949—1955 were:—

Year.	Cases remaining on Register			Number of patients sputum positive (last 6/12 of year).	Visits paid by health visitors.
	Pulmonary.	Non-Pulmonary.	Total.		
1949	1,300	410	1,710	129	1,077
1950	1,416	434	1,850	132	1,091
1951	1,494	418	1,912	128	2,000
1952	1,481	320	1,801	98	1,350
1953	1,618	297	1,915	101	1,214
1954	1,687	302	1,989	88	1,270
1955	1,755	283	2,038	76	1,713

Thus over 2,000 tuberculous patients remain under supervision.

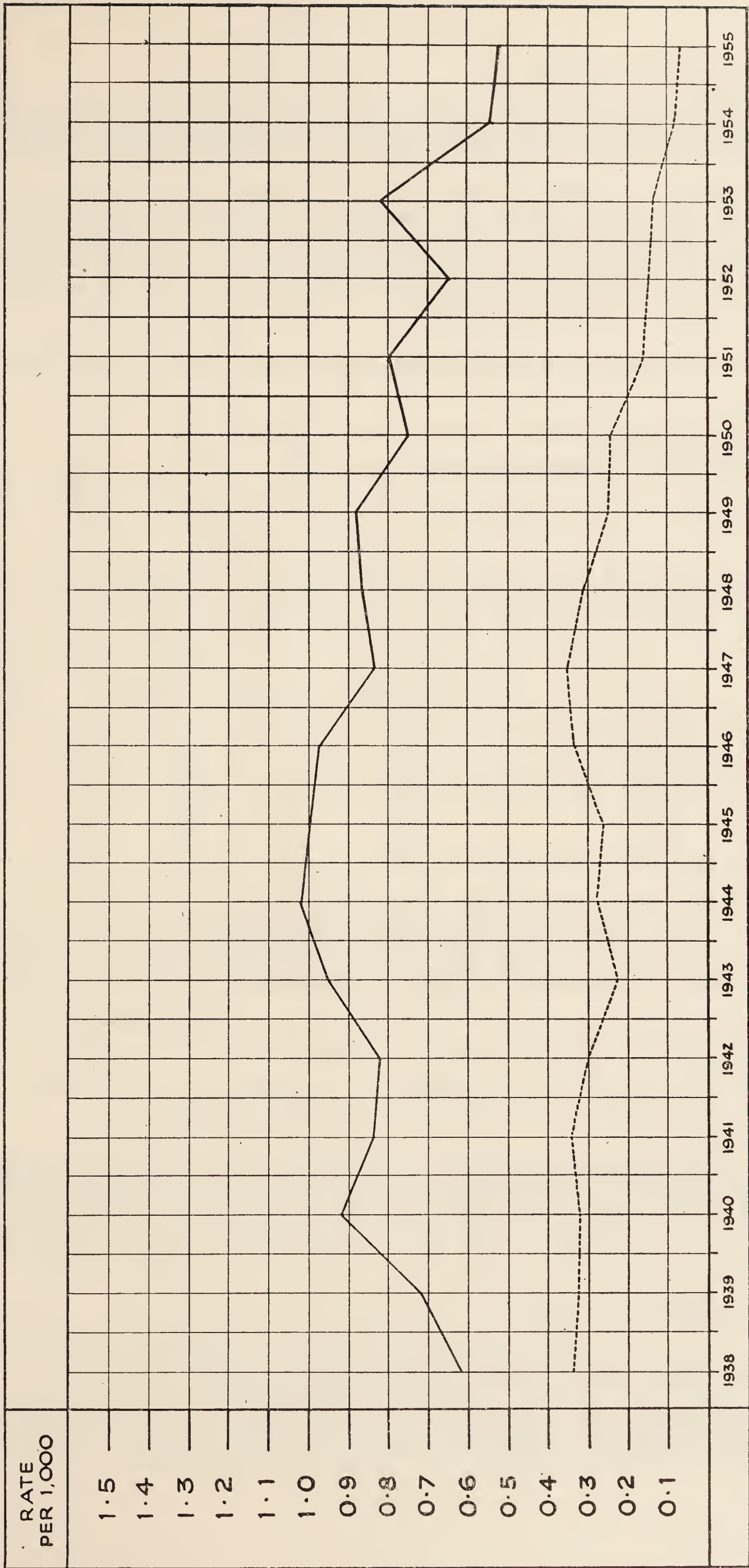
For pulmonary cases, the percentage of patients on the register with positive sputum was 10% in 1949, but in 1955 had dropped to 4.3%.

HOME VISITING.

The chest physicians paid numerous visits to the homes of patients, and unless there is good reason to the contrary all notified cases are referred to the health visitors to follow up. The first aim of the health visitors is to secure the attendance of contacts at clinics, but their visits are also of great value in assisting the patient to co-operate with the chest physicians, in giving advice on preventing the spread of infection in the home, and in promoting the general social welfare of the patient, including the provision where necessary of home helps. The health visitors also report changes of address, as patients frequently fail to notify the chest physician of their removal, with the result that supervision is interrupted or ceases.

PULMONARY TUBERCULOSIS NOTIFICATION AND DEATH RATES, 1938—1955 WILTSHIRE

— Notification rate per 1,000 population.
 - - - - - Death rate per 1,000 population.



EXAMINATION OF CONTACTS.

Although the great majority of the results of the examination of contacts are negative, yet such examinations detected 16 tuberculous cases in 1955 (approximately 2% of the contacts examined).

The number of home contacts of tuberculous patients first seen during 1955 was 815, the highest number ever seen in one year. The number of contacts seen per notified case was 3.2, again the highest figure ever recorded. These statistics indicate that the public as a whole is becoming more appreciative of the necessity for these examinations, but there still remains a hard core of unco-operative persons who refuse examination, despite every effort at persuasion. There is no legal power to enforce contact examination.

The following table shows the results of the investigation of the 815 contacts:—

	M.	W.	C.	Total.	Percentage.
Diagnosed as tuberculous	7	5	4	16	1.9
Non-tuberculous	159	227	379	765	93.9
Diagnosis not completed by 31/12/55 ...	14	10	10	34	4.2
Totals	180	242	393	815	100

At the request of the Ministry of Health the following table is given showing the number of contacts examined per notified case of tuberculosis in recent years:—

Year.	Number of Notifications.	Number of Contacts examined.	Number of Contacts examined per notified case.
1949	426	547	1.3
1950	356	635	1.8
1951	403	735	1.8
1952	315	781	2.5
1953	378	776	2.0
1954	307	726	2.4
1955	250	815	3.2

A new departure has been the reference of contacts of cases of tuberculosis occurring in the Royal Air Force to the chest physicians for examination. This commenced towards the end of the year, and experience so far shows that in Wiltshire, containing many R.A.F. stations, large numbers of R.A.F. personnel are likely to be referred for such examinations.

HOUSING.

The district councils are responsible for providing houses, and during the year 52 certificates in support of applications were issued by the chest physicians.

Since 1949, 305 patients (60%) out of 509 referred by the chest physicians have been re-housed, and for 16 others (3%) satisfactory arrangements have been made, or building licences granted. 111 patients (22%) have died, left the county, or withdrawn their applications. In the remaining 77 cases (15%) re-housing has not so far been found possible or essential.

GENERAL AFTER-CARE WORK.

Free milk was supplied to necessitous patients, sputum flasks were issued, home helps provided and shelters erected where conditions were suitable.

The County branch of the British Red Cross Society has given great assistance in many ways in the care of tuberculous patients, particularly ex-service men.

DIVERSIONAL THERAPY.

167 cases, including 13 in 1955, have been referred to the Red Cross Society since the inception of the scheme, and were engaged in rug making, leather work, weaving, etc. Library fees in respect of reading facilities for certain patients were also paid to the hospital librarian of the Red Cross Society.

When waiting lists for sanatorium treatment were long, and before the success of chemotherapy, there was a great need for this scheme. Latterly the number of patients requiring diversional therapy has fallen, but the need still remains in selected cases, particularly with some chronic patients and others who are faced with long periods of inactivity before becoming fit to resume work.

CO-OPERATION WITH CHILDREN'S OFFICER.

Persons suffering from tuberculosis are discouraged from proceeding with applications for legal adoption.

Close co-operation exists also in the boarding-out of children.

The assistance of the Children's Officer is sought by the chest physicians under certain circumstances, such as when the mother requires sanatorium treatment which she could not receive unless provision were made for the care of the children during her absence, or when it is necessary to segregate children whilst they receive B.C.G. vaccination.

EMPLOYMENT OF TUBERCULOUS PATIENTS

Co-operation continued with the resettlement officers of the Ministry of Labour, and with the Civil Service and the armed services.

TUBERCULOSIS IN SCHOOLS.

A teacher at a school in the south western area of the County was notified as suffering from pulmonary tuberculosis and received sanatorium treatment. The Chest Physician visited the school and tuberculin tested the children. 132 children were referred for testing and in 122 the results were negative. Eight children were positive reactors, but one of these had previously received B.C.G. vaccination and naturally was positive.

The remaining seven positive reactors were x-rayed, but in each case the x-ray findings were satisfactory.

Two children failed to attend for the test to be read.

No evidence was discovered of any infection to the children at this school.

SPECIAL CASE FINDING SURVEY IN WHOLE OR PART OF THE AREA.

Action was limited to the visits of the mass radiography units to the larger factories and works in various towns in the county. The results of the visits made are given under the heading of "Mass Radiography."

REHABILITATION.

During 1955 the County Council paid for one tuberculous patient receiving treatment combined with training at a rehabilitation centre. Under the scheme so far applied the liability of the County Council does not commence until the patient is able to work for at least five hours a day, the regional hospital boards being financially responsible until that stage is reached.

It has been found in practice that it is very difficult to obtain suitable patients for treatment and training in rehabilitation centres. Married male patients in particular are averse to parting from their wives and families. Some patients find it difficult to settle to the courses provided, which naturally usually necessitate a change from their previous occupations.

A number of tuberculous patients not requiring treatment, but requiring training, attended rehabilitation centres under the auspices of the Ministry of Labour, recommendations for such training being made by the chest physicians. The County Council incurs no financial liability in these cases.

FINANCIAL ASSISTANCE TO TUBERCULOUS PATIENTS.

The chest physicians have issued numerous certificates to enable patients to make application to the National Assistance Board for extra financial help to which they may be entitled during their illness.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

New employees of the County Council liable to come in contact with groups of children are subject to medical and chest x-ray examination prior to commencing their duties.

As in 1954 one applicant was rejected owing to an unsatisfactory chest x-ray.

It was possible to arrange in 1955 an annual chest x-ray examination for existing members of the staff of 12 out of the 15 day nurseries and children's homes in the county. This is an improvement on the previous year, due to the greater activity of the mass x-ray units. It is hoped that the other homes and day nurseries missed in 1955 will be covered in 1956, and to include those which it was not possible to cover in 1954.

As far as possible teachers were offered mass radiography during the year.

B.C.G. VACCINATION.

This includes the work undertaken by the chest physicians on behalf of the County Council in vaccinating contacts of actual cases of tuberculosis, and that undertaken for the regional hospital boards in vaccinating nursing and other hospital staff. When B.C.G. vaccination was first commenced the work for the regional hospital boards was by far the greater, but this position has been reversed. The work undertaken for the County Council is now very considerable and is likely to continue to expand in consequence of the acceptance by the public of B.C.G. vaccination as a measure for prevention.

The work carried out during 1955, and from the commencement of the scheme until the end of 1955 was as follows:—

	Number Vaccinated.		Number who refused Vaccination.	
	In 1955.	From commencement of scheme.	In 1955.	From commencement of scheme.
(a) Contacts	248	925	2	18
(b) Hospital staffs	130	459	5	37
TOTALS	378	1,384	7	55

The scheme for the vaccination of 13-year-old school children is separately reported on pages 22 and 23.

The Ministry of Health require that all hospital staff vaccinated should be re-tested once a year for a period of five years, and as far as practicable this re-testing has been undertaken.

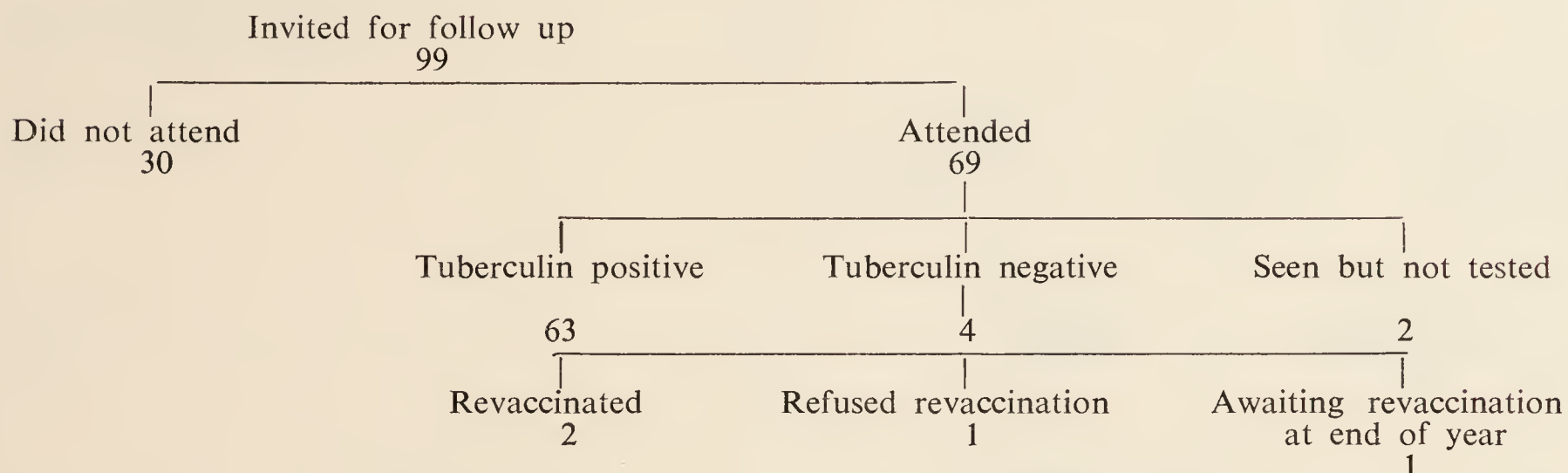
Some persons vaccinated as members of hospital staffs remain in the county on leaving the service, and in such cases they are invited for follow up at the nearest chest clinic. Comparatively few do attend, in 1955 only 12 out of 51 invited.

When it is known that persons have transferred to hospitals outside the county their B.C.G. records are forwarded to their new hospitals.

The follow up of B.C.G. vaccinated contacts is left to the discretion of the chest physicians, and prior to 1955 a yearly follow up of the contacts vaccinated was the aim. Owing to pressure of other work it was decided to follow up contacts every three years instead of annually in all areas of the county, other than those covered by the Oxford Regional Hospital Board.

Excluding the Oxford Regional Hospital Board area, and rechecking on this basis, the following work in connection with the re-testing of contacts was undertaken in 1955:—

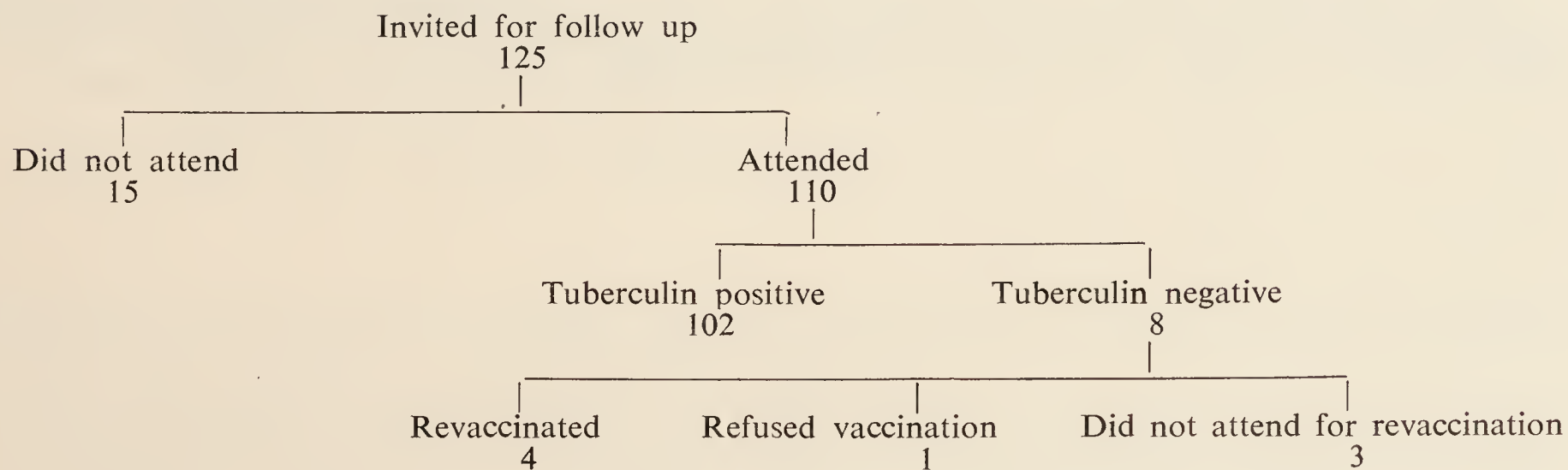
Vaccinated in 1952	...	...	...	...	...	...	117
Vaccinated outside county in 1952 and since transferred to Wilts							13
							<hr/> 130
Vaccinated in 1952 and since left Wilts	...	...	...	...			31
							<hr/> 99
Due for follow up in 1955	...	...	...	...	...	...



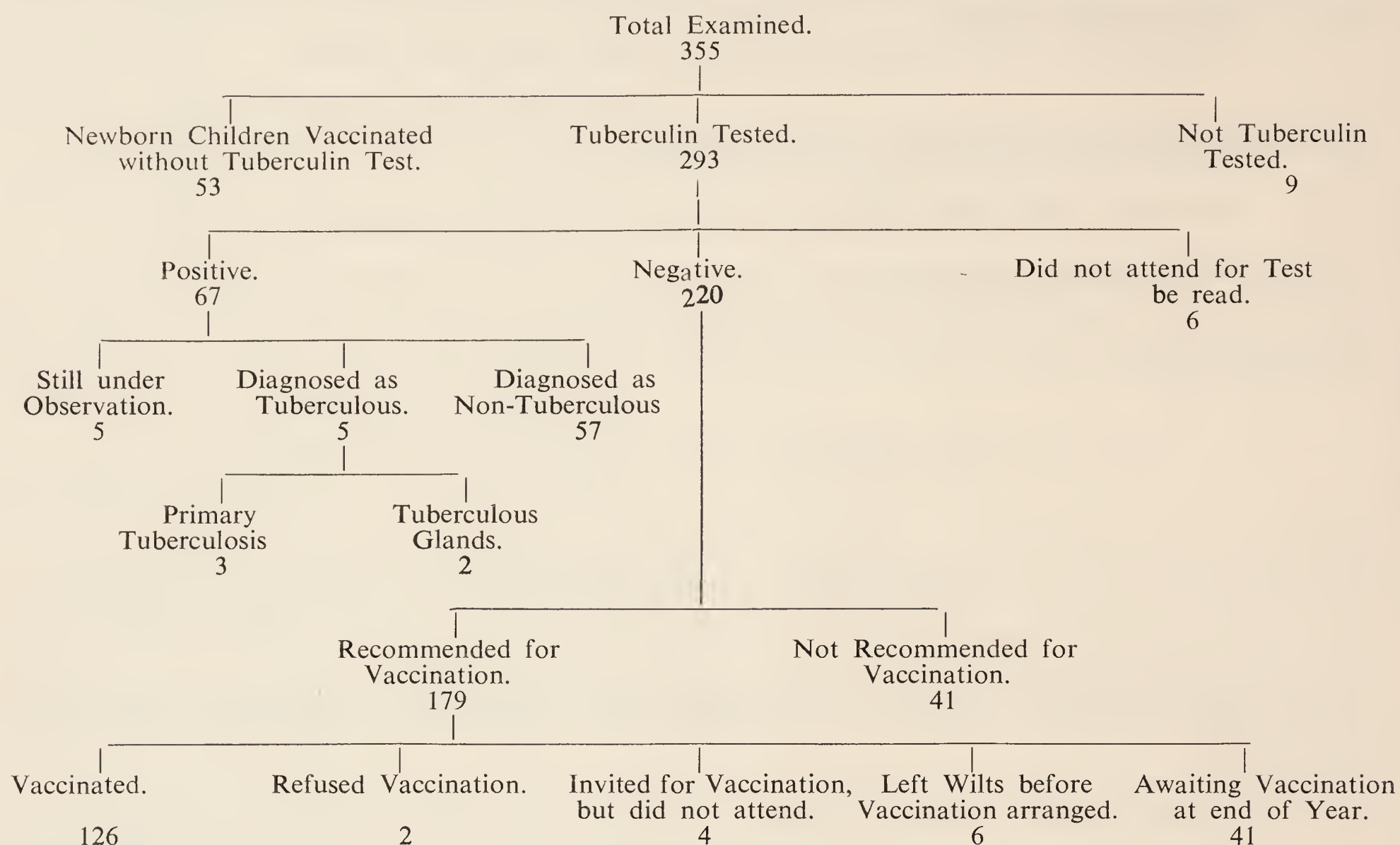
In addition 10 contacts vaccinated in other years than 1952 attended for follow up of their own accord in 1955. Nine were positive to a tuberculin test, and one was negative but refused re-vaccination.

In the Oxford Regional Hospital Board's area, and at their request, efforts were made to continue an annual follow up of contacts previously vaccinated, but it was not found possible completely to carry this out. Details of the re-testing undertaken in 1955 are as follows:—

Vaccinated from commencement of scheme until 1954	...	...	150
Vaccinated outside county and since transferred to Wilts	...	...	38
			<hr/> 188
Left Wilts since commencement of scheme	...	...	12
			<hr/> 176
Due for follow up in 1955	...	...	...



The following table gives details of the work undertaken in connection with the testing and B.C.G. vaccination of contacts under the age of 15 years seen for the first time in 1955:—



The figures are much the same as in the previous year, with the exception that 53 new born children were vaccinated against 39 in 1954. The percentage of cases tested shows a ratio of approximately 3 negatives to each positive.

In Wiltshire there is evidence of only one person previously vaccinated with B.C.G. subsequently contracting tuberculosis.

The following sections of the tuberculosis work are the responsibility of the regional hospital boards, but short summaries are given as a matter of general interest. The figures are combined for the county as a whole and for the purpose of this report are not given in board areas.

MASS RADIOGRAPHY.

The mass radiography units are operated by the regional hospital boards. During 1955 they functioned to a much greater extent in the county than in the previous year. The following table shows the work undertaken:—

Area Served.								Number of persons mass X-rayed in 1955.	Number of persons referred to Chest Physicians.
Melksham	...	...	...	...	...	...	...	1,073	5
Chippenham, Corsham and Hawthorn	...	...	...	...	...	...	...	2,759	22
Warminster St. John's School	...	...	...	...	...	...	...	91	—
Salisbury	...	...	...	...	...	...	...	8,909	27
Trowbridge	...	...	...	...	...	...	...	2,772	9
Devizes	...	...	...	...	...	...	...	1,315	3
Bradford-on-Avon	...	...	...	...	...	...	...	1,139	2
Warminster	...	...	...	...	...	...	...	1,337	2
Calne	...	...	...	...	...	...	...	1,280	3
Westbury	...	...	...	...	...	...	...	1,080	1
Swindon	...	...	...	...	...	...	...	24,579	215
Pewsey	...	...	...	...	...	...	...	579	12
Ludgershall	...	...	...	...	...	...	...	601	
Marlborough	...	...	...	...	...	...	...	1,782	
TOTALS								49,296	301

Approximately 15,000 persons were mass x-rayed in 1954 and 100 cases referred to the chest physicians. During 1955, 301 cases were referred to the chest physicians and the results of the follow up examinations are indicated below:—

Active pulmonary tuberculosis	...	...	...	...	66
Inactive pulmonary tuberculosis	...	...	...	...	80
Observation	...	...	...	...	55
Carcinoma Bronchus	...	...	...	...	2
Other non-tuberculous chest conditions	...	...	...	...	43
Nothing abnormal discovered	...	...	...	...	35
Failed to attend	...	...	...	...	8
No action considered necessary by C.P's	...	...	...	...	12
					301

34 patients or 11 % of the cases referred, were recommended for sanatorium treatment, and the majority had been admitted to sanatoria by the end of 1955.

The ratio of persons with active pulmonary tuberculosis to the number examined fell from 1.6 per thousand in 1954 to 1.33 per thousand in 1955. Including cases with inactive pulmonary tuberculosis and those requiring observation, the ratio was 4.2 per thousand, compared with 3.8 per thousand in the previous year.

It would appear that the ratio of active cases to persons examined is falling gradually as the surveys proceed, which naturally is to be expected.

CHEST CLINIC ATTENDANCES.

The attendances at the various chest clinics during the year were as follows:—

Clinic.	Men.	Women.	Children.	Total.
Salisbury	1,609	1,627	730	3,966
Trowbridge	928	780	395	2,103
Swindon	2,288	1,978	1,226	5,492
Chippenham	791	586	345	1,722
Devizes	289	259	157	705
Savernake	113	126	74	313
TOTALS	6,018	5,356	2,927	14,301

The attendances compared with 14,641 in 1954, and 14,595 in 1953.

Plans are on foot to transfer the chest clinic at Swindon from premises rented from the County Council to more convenient accommodation belonging to the Swindon Hospital Management Committee.

HOSPITAL TREATMENT.

On the 1st January, 1955, there were 173 patients under treatment in hospital, 396 were admitted during the year, 402 were discharged, leaving 167 still under treatment on the 31st December, 1955. Patients continued to be admitted from areas outside Wiltshire, notably from Southampton, Hampshire and Dorset, although not to the same extent as hitherto, owing to the general fall in the waiting lists.

Adult cases of pulmonary tuberculosis are treated at Odstock Hospital, Winsley Chest Hospital, Harnwood Hospital, Swindon Isolation Hospital, Trowbridge St. John's Hospital, Frogwell Hospital, Chippenham, and the Manor Hospital, Bath. Children are treated at Frenchay Children's Hospital, near Bristol, The White House Sanatorium, Milford-on-Sea, Hampshire, and Peppard Chest Hospital, Henley-on-Thames, Oxon.

Non-pulmonary tuberculosis is treated at Savernake Hospital, the Bath Orthopaedic Hospital, the Wingfield-Morris Orthopaedic Hospital, Alton Hospital, and at various general and district hospitals.

In the south western and southern areas of the county patients have been admitted almost immediately they have been recommended for institutional treatment, but the position in the north of the county has been slightly less satisfactory, partly owing to the number of cases discovered by the mass radiography unit during its recent survey in Swindon and district. This applied more particularly to women patients, some of whom have had to wait a month or two for admission, but it is hoped that this is a temporary phase which will rapidly pass.

Patients requiring thoracic surgery are admitted to Peppard Chest Hospital, Frenchay Hospital and Southampton Chest Hospital, and 69 tuberculous patients were sent to these hospitals during the year.

GENERAL.

MEDICAL AND CLERICAL STAFF.

There is again no change to report in the medical staff. The chest physicians are officers of the regional hospital boards, but continue to undertake duties for the prevention of tuberculosis on behalf of the County Council.

The clerical work of both sides of the tuberculosis scheme, prevention and treatment, is undertaken by the staff of the County Health Department, the cost of the salaries and other expenses being met by the County Council and the three regional hospital boards concerned in equal proportions.

The integration of the work in this manner ensures close co-operation, and has proved most valuable.

Miscellaneous Services

CHRONIC SICK BEDS.

During the year the Salisbury Group Hospital Management Committee referred 99 cases for investigation. In 51 priority of admission was recommended and in many of the remainder the patient was assisted with domestic help or home nursing.

*REGISTRATION OF NURSING HOMES.

During 1955 one new application for registration was received from the proprietors of a home which provides 8 beds for chronically infirm patients. At the end of the year there were on the register 10 homes in active use, providing 21 maternity and 91 other beds.

*NURSERIES AND CHILD MINDERS ACT, 1948.

There are no nurseries registered under this Act. Five daily minders are registered, taking a maximum of 39 children in all.

REGISTRATION OF NURSING CO-OPERATIONS.

No new application for registration was received during the year. The registration of one co-operation was renewed.

REGISTRATION OF BLIND AND PARTIALLY-SIGHTED.

During the year 112 reports were obtained. These related to:—

Newly certified as blind	77
Newly certified as partially-sighted	27
Removed from Blind Register	5
Removed from Partially-Sighted Register	2

Of the 77 persons newly certified as blind, 32 were recommended treatment and, by the end of the year, 19 had received or were receiving it. Of the remainder one had died before treatment, four had refused it, and eight were awaiting treatment.

Of the 27 cases newly certified as partially-sighted, 12 were recommended treatment, and by the end of the year seven had received or were receiving it. Of the remainder, four awaited treatment, and one refused.

*Statistics in these sections exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.

The following tables summarise the position in the form requested by the Ministry:—

A. REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS.

(i) Number of persons registered during the year in respect of which Para. 7 (c) of Forms B.D. 8 recommends:—	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Other.
(a) No treatment	13	8	—	39
(b) Treatment (medical, surgical or optical) ...	25	6	—	13
(ii) Number of persons at (i) (b) above who on follow-up are found to have received treatment	13	6	—	7

B. OPTHALMIA NEONATORUM.

(i) Total number of persons notified during the year	2
(ii) Number of persons in whom	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year ...	—

EXAMINATION OF MEDICAL REPORTS ON ENTRANTS TO THE COUNTY STAFF.

During the year 244 medical reports on entrants to the County staff were considered. Of these 236 were passed as fit for permanent employment.

Eleven certificates were issued in connection with the award of breakdown pensions to employees.

Sanitary Circumstances of the County

WATER SUPPLY

During 1955 the quality and quantity of public mains water supplies were satisfactorily maintained, but a large proportion of the rural population is still without public mains water.

Rural authorities are implementing district water schemes valued at over £3,000,000. During the year seventeen further improvement schemes were submitted for the County Council's observations under the Rural Water Supplies and Sewerage Acts, 1944-1955. Up to the end of 1955 post-war water schemes to the value of £1,200,000 had been partially or completely carried out involving the development of fifteen sources, the construction of fourteen reservoirs, and the laying of 300 miles of mains.

Progress has varied. In some districts work is well advanced, and in others it has scarcely begun. The following is a brief description of the position in each of the twelve rural districts in the County at the end of 1955, which is illustrated in Map No. 1 attached to this report.

AMESBURY.

Apart from the development of the two sources at Newton Toney and Shrewton, and the link-up between Amesbury and Durrington, work has not yet been commenced on the £300,000 regional scheme. It is hoped, however, to make a start in 1956 on Stage 1 of the eastern area scheme, namely, the rising main from the Newton Toney borehole and construction of a million-gallon reservoir on Earls Farm Down. This stage is urgently needed to augment the Amesbury and Boscombe Down supply where the existing source at Amesbury is stretched to the limit. Two minor main extensions were completed during the year at Hackthorne, and at the Shrewton Hollows.

BRADFORD AND MELKSHAM.

During 1955 a piped supply from existing mains was given to Staples Hill, Westwood, and to Norrington Common, Broughton Gifford. No further progress was made on the regional water scheme although in December last the Ministry authorised tenders for the Monkton Farleigh Section, and work should proceed early in 1956.

CALNE AND CHIPPENHAM.

Very satisfactory progress has been made here and both the eastern and western area schemes have been virtually completed providing a piped water supply to 90% of the population.

CRICKLADE AND WOOTTON BASSETT.

The original joint regional scheme with the Highworth Rural District based on the Ashton Keynes borehole has now been abandoned, in favour of individual schemes for each district. The Cricklade and Wootton Bassett proposals estimated to cost £47,900 now provide for an additional 500,000-gallon reservoir at Hook, and 9in. trunk main from this reservoir to Wootton Bassett to augment the existing supply at Wootton Bassett and the southern parishes. The Hook reservoir storage at present is limited to one day's supply.

DEVIZES.

Excellent progress has been made in this district. The north west area serving Bromham, Rowde, Poulshot and Seend, based on a bulk supply from Calne and Chippenham Rural District, has been completed. The north east area scheme serving Bishops and All Cannings, and Stanton St. Bernard has also been completed, except for the connection to the Devizes Borough mains. The south east area scheme based on the Chirton borehole and serving the villages of Chirton, Patney, Etchilhampton, Urchfont and Marden is well advanced.

HIGHWORTH.

The only progress during the year was a small extension at South Marston. The original post-war proposals provided for a joint scheme with the Cricklade and Wootton Bassett Rural District from the Ashton Keynes source, but this has now been abandoned in favour of a bulk supply from Swindon Borough.

MALMESBURY.

Good progress has been made. The regional scheme based on the Corston borehole has now been completed with the exception of the permanent pumping plant at the new works. The main laying at Lea and Cleverton, St. Paul Without, and Brinkworth was finished during the year, and also the link main between Corston and Hullavington. Main extensions at Sherston, Oaksey and Crudwell were also completed during 1955.

MARLBOROUGH AND RAMSBURY.

Reasonably satisfactory progress has been made in this district. The Ramsbury supply was extended to Axford and Mildenhall during 1955. The new borehole at Bedwyn for the Bedwyn and Shalbourne scheme was also completed during the year.

MERE AND TISBURY.

During the year the pumping station and plant at Burton field was completed, and in October main laying was commenced on Stage 3 of the regional scheme, which will provide piped water to Stourton, Kilmington, and Zeals, from the Mere source.

PEWSEY.

In June a start was made on the £35,000 scheme for extending the Collingbourne Kingston supply from Burbage to Milton Lilbourne, Easton, and through to Pewsey where the existing supply is inadequate. It is hoped that a start will be made on the Avon Valley scheme during 1956.

SALISBURY AND WILTON.

Good progress was made during 1955 on the district scheme. The Wylfe water scheme was extended from Steeple Langford to Stapleford, and a further extension to Wishford and South Newton is well in hand.

WARMINSTER AND WESTBURY.

There has still been no further development of the south and east regional water scheme based on the Codford Well, as both the Ministry and the County Council are still apprehensive about the use of this well in view of the unsatisfactory sample results and potential pollution from neighbouring properties. It is felt that it would be preferable to explore a fresh source rather than attempt to purify a source known to be polluted, and the County Council's observations were still under consideration by the Rural District Council and the Ministry at the end of the year.

SEWERAGE

Of the 264 rural parishes in the County only 14% have sewerage provided. Map No. 2 attached to this report shows these. Sewerage and sewage disposal is a problem which will become more urgent as piped water supplies reach the villages.

During the year five further sewerage schemes were approved in principle under the Water Supplies and Sewerage Acts, 1944-1955, bringing the total value of post-war schemes approved to £2.5 million. The value of schemes partially or completely carried out is £.6 million.

The following is a brief summary of the position in each of the twelve rural districts at the end of 1955.

AMESBURY.

Three only of the seventeen parishes are sewered, namely Amesbury, Bulford and Durrington. A scheme for the parish of Shrewton has been approved by the Ministry and County Council, and now awaits Ministry permission to proceed. An extension to the Amesbury parish sewage disposal works was nearing completion at the end of the year.

BRADFORD AND MELKSHAM.

Four of the thirteen parishes are sewered. A revised scheme to cost £31,400 was submitted during the year for Atworth.

CALNE AND CHIPPENHAM.

Five of the twenty-four parishes have modern sewerage. The parish of Biddestone was sewered during 1955 at a cost of £17,000. Yatton Keynell is next on the list.

CRICKLADE AND WOOTTON BASSETT.

There is modern sewerage at Wootton Bassett, Purton and Cricklade only. The extension to the disposal works at Wootton Bassett approved by the County Council in 1954 still awaits Ministry approval.

DEVIZES.

So far there are sewers in the parishes of Erlestoke and Potterne, provided since the war. Schemes are proposed for Bromham, Rowde, Easterton, Market Lavington, Urchfont, Seend, Stanton St. Bernard, Wedhampton and Etchilhampton. Tenders have been accepted for sewerage the village of Rowde and work will start early in 1956.

HIGHWORTH.

Sewerage schemes have been completed at Chisledon, Wroughton, Wanborough, Haydon Wick, Stratton, South Marston and Highworth. Work was commenced on the scheme for the parish of Blunsdon during 1955, and also on the Stratton extension where the present disposal works are to be abandoned, and the Stratton sewage discharged to the Borough of Swindon disposal works.

MALMESBURY.

Of the eighteen parishes in the Malmesbury Rural District only Sherston is sewered. Sewerage schemes for Corston, Hullavington, and St. Paul Without have been approved by the County Council, but still await Ministry approval. A £13,000 scheme for a new disposal works at Sherston awaits Ministry sanction to proceed.

MARLBOROUGH AND RAMSBURY.

Ramsbury is the only parish at present with proper sewerage. A scheme for Aldbourne was half completed at the end of 1955.

MERE AND TISBURY.

Five of the twenty-six parishes are sewered, namely Mere, Zeals, Hindon, Maiden Bradley and part of Tisbury. It is hoped to start on the Tisbury extension scheme in 1956.

PEWSEY.

Four of the twenty-five parishes have completed sewerage schemes. A badly-needed scheme for Netheravon is in the course of preparation.

SALISBURY AND WILTON.

Of the parishes only Quidhampton is sewered. The County Council and Ministry have approved sewerage schemes for Downton and Berwick St. James, and it is hoped that the latter will be commenced in 1956.

WARMINSTER AND WESTBURY.

No sewerage schemes exist for this district.

PEST CONTROL

Rodent and insect pest disinfection of County Council premises is carried out by the County Sanitary Inspector, and 21 visits were made during the year. Pest control today is a highly scientific undertaking requiring the use of up-to-date methods and selected materials, particularly in food premises.

Milk and Food

Number of Wiltshire Dairy Farms	3,184
Number of Non-designated Farms	1,114
Number of T.T. Farms	2,070
Annual production of T.T. milk	79.7 %
Annual production of Non-designated milk	20.3 %
Number of producer/retailers... ..	277
Number of distributors	67
Number of pasteurising plants licensed	13
Number of pasteurised milk samples taken	239
Number of pasteurised milk samples satisfactory	236
Number of pasteurised milk samples unsatisfactory	3
Number of biological milk samples taken	213
Number of biological milk samples negative to tubercle	213

The first object of the supervision and control of the milk supply is to safeguard public health by ensuring that it is clean, unadulterated and free from pathogenic organisms of bovine and human origin. This can be attained only by frequent inspection and sampling of milk during production, processing and distribution before the milk reaches the consumer.

During 1955 some 60 million gallons of milk were produced on Wiltshire farms and nearly 80% was milk of T.T. standard. It does not follow, however, that raw T.T. milk is free from tuberculosis or other harmful germs, as past samples have shown. Brucellosis is a particular risk which it may be difficult to eliminate from raw milk. Pathogenic organisms are, of course, destroyed by pasteurisation, but regular biological sampling of raw milk is in my opinion necessary.

As a result of a sampling scheme devised by the district medical officers of health and myself I am able to report that during the year there was a considerable increase in the number of samples taken, particularly in those districts where very few samples were taken in previous years.

The law governing the control of milk has now been consolidated under one statute, the Food and Drugs Act, 1955. The Act has brought no great changes in milk legislation, but it extends the power of the ministers to add to the Milk and Dairies Regulations, e.g. to prohibit the sale of milk from cows milked in a slaughterhouse, market, or agricultural show, where the milk might become contaminated. The Act restricts the sale of non-designated milk in specified areas, but still permits the sale of cream, skimmed milk, and separated milk produced from undesignated milk, which is surprising.

In December, 1955, the following districts were designated as "specified areas" in which all retail milk sales must be either of pasteurised, sterilised or tuberculin tested milk:—

Calne Borough
 Chippenham Borough
 Calne and Chippenham Rural District
 Bradford-on-Avon Urban District
 Bradford and Melksham Rural District
 Melksham Urban District
 Trowbridge Urban District
 Westbury Urban District
 Warminster Urban District
 Warminster and Westbury Rural District

It is hoped that a further area of the County will be specified during 1956.

PASTEURISED MILK.

Public demand for pasteurised milk increased with the growing realisation that it is safer than raw milk. During the year some 8½ million gallons of milk were pasteurised by the 13 pasteurising plants licensed by the County Council. These plants are regularly inspected and samples taken by the County Sanitary Inspector to ensure that consumers received clean safe milk. 236 of the 239 samples taken at the plants during 1955 satisfied the statutory tests required by the Regulations.

TUBERCULOUS MILK.

During the year 213 samples were taken by the County Sanitary Inspector for biological examination.

MILK IN SCHOOLS SCHEME.

Every effort was made during the year to ensure a clean and safe milk supply to the county schools. Raw milk supplies were replaced with pasteurised supplies wherever possible and those remaining were sampled at least quarterly.

The following table shows the number of schools having the various grades of milk. Twenty-four more schools received pasteurised milk in 1955 than in 1954.

			1955	1954
(a)	Pasteurised milk	in 1/3rd pint bottles ...	330	306
(b)	T.T. milk	in 1/3rd pint bottles ...	4	24
		in bulk ...	1	4
(c)	Non-designated	in 1/3rd pint bottles ...	—	
		in bulk ...	1	1
			<hr/> 336	<hr/> 335

THE FOOD AND DRUGS ACT, 1955.

As a result of public dissatisfaction over the purity and cleanliness of food, a further development in food and drugs legislation took place during the year when Parliament passed the Food and Drugs Act, 1955. This Act which came into force on the 1st January, 1956, closes loopholes in the protection of the public against the adulteration of foods and against fraudulent statements and exaggerated claims on labels and advertisements. It also tightens up the law on food premises and food handling through the Food Hygiene Regulations, 1955, which came into force on the same date as the Act itself. Several types of food business which have not previously been subject to inspection and control are now covered irrespective of whether the food is for sale or not, including schools, canteens, clubs, hospitals and welfare homes.

Housing

Good housing is an important factor in the promotion of sound physical and mental health. Since the war the emphasis has been on the provision of new houses rather than the repair and maintenance of existing houses and the eradication of slums. This policy has been modified by the Housing Repairs and Rents Act, 1954, which aims at speeding up slum clearance and rescuing other houses before they too become beyond repair.

Section 88 of the 1936 Housing Act requires County Councils to have constant regard to housing conditions in rural districts and to ensure that rural district councils exercise their powers to deal with sub-standard and overcrowded houses, and to provide sufficient housing accommodation. Section 169 of the same Act empowers county councils to transfer housing powers to themselves in event of default.

Under Section 1 of the Housing Repairs and Rents Act, 1954, all district councils were required to submit to the Minister by August, 1955, a programme for accelerating slum clearance and to indicate the number of houses to be demolished within the next five years.

The national returns revealed that of the 12,935,177 permanent houses in England and Wales 847,112, or 6.5% were grossly unfit for habitation and of these 88,278 were scheduled for demolition during the next five years. In Wiltshire there were 110,005 houses, and of these 3,882 or 3.5% were totally unfit and 2,856 were scheduled for demolition within the next five years.

Appendix F shows the details, as presented by the Minister of Housing and Local Government to Parliament in November, 1955, of the five year programme for the individual county districts in the County, from which it will be noted that the problem in rural districts is greater than in the boroughs and urban districts together.

Apart from the houses which are not capable of repair there are also many which fall below the standard of fitness laid down by Section 9 of the Housing Repairs and Rents Act, 1954. These are houses which can be made fit at reasonable expense and if the landlord defaults in making them fit the local authority is required to carry out the work and recover the cost.

There are also many other houses which are structurally sound but which lack reasonable modern amenities such as a bathroom, hot water system, or main drainage. Under the Housing Act, 1949, money grants were available to help owners to modernise such houses, but these grants met with only a lukewarm reception as the conditions attached to them were too rigid. These conditions have now been revised under the Housing Repairs and Rents Act, 1954. The £800 limit on the cost of works has been abolished. The 6% increase in rents allowable on money invested in the improvement has been raised to 8%, and the previous 30 years expectation of life of the house to qualify for grant has now been reduced to 15 years. The grant given is half the cost of the work or £400 per dwelling whichever is the less. These revised conditions have resulted in more applications for grants, which is all to the good as many houses will be preserved by improvement or conversion which might otherwise decline into slums and need replacement at much greater cost.

Appendices G and J show the comparative number of improvement grant applications and houses dealt with by rural districts in the County before and since the revised conditions of grant became operative under the Housing Repairs and Rents Act, 1954.

Appendices H, I and K indicate the comparative building programmes and other housing statistics for each of the twelve rural districts at the end of 1955.

APPENDIX A

INFANT WELFARE CENTRES

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1955.
ALDBOURNE. The Church Room.	3rd Thursday, 2.30—4 p.m.	Drs. Mills, Varvill and Osmond (in rotation) ‡Miss Wookey.	M.O. attends every session.	167
ALDERBURY. The Chapel Room.	3rd Wednesday, 2—4 p.m.	†Dr. Lishman and ‡Mrs. Jarvis.	M.O. attends every session.	149
AMESBURY. Youth and Community Centre, Kitchener Road	1st and 3rd Tuesdays, 2.30—4 p.m.	†Dr. Hammond and ‡Miss Faulkner.	M.O. attends 3rd Tuesday.	812
ASHTON KEYNES & LEIGH. Parish Hall.	1st Wednesday, 3 p.m.	Dr. Thomson and District Nurse.	M.O. attends every session.	106
BOSCOMBE DOWN R.A.F. STATION. C. of E. Community Centre.	2nd and 4th Tuesdays, 2.30—4 p.m.	†Dr. Hammond and ‡Miss Faulkner.	M.O. attends 4th Tuesday.	544
BOX. Bingham Hall.	2nd and 4th Fridays, 2—4 p.m.	†Dr. Voigt and District Nurse.	M.O. attends 2nd Friday.	347
BOXFIELD. Community Centre.	1st and 3rd Fridays, 2—4 p.m.	†Dr. Voigt and ‡Miss Francis.	M.O. attends 1st Friday.	336
BRADFORD-ON-AYON. Church House, Church Street.	2nd and 4th Tuesdays, 2.15 p.m.	†Dr. Killoh and ‡Miss Francis.	M.O. attends every session.	477
BROADCHALKE. The Village Hall.	1st Wednesday, 2 p.m.	Dr. Brown and ‡Miss Nicoll	M.O. attends every session.	111
BROMHAM. The Village Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Adams and ‡Mrs. Fielding.	M.O. attends 4th Wednesday.	268
BULFORD. The Infant Welfare Centre, Horne Road.	2nd and 4th Tuesdays, 2—4 p.m.	†Dr. Hammond and District Nurse.	M.O. attends 2nd Tuesday.	606
CALNE. Youth Centre, Recreation Ground.	1st and 3rd Thursdays, 2—4 p.m.	†Dr. Williams and ‡Mrs. Ladd.	M.O. attends every session.	519
CHIPPENHAM. St. Andrew's Church Hall.	Every Tuesday, 2—4 p.m.	†Dr. Broomhead, ‡Mrs. Powell and ‡Miss MacNeil.	M.O. attends every session.	2,909
Methodist Schoolroom, Sheldon Road.	1st and 3rd Wednesdays, 2—4.30 p.m.	†Dr. Broomhead, ‡Mrs. Powell and ‡Miss MacNeil.	M.O. attends 1st Wednesday.	686
CHISELDON. The Calley Memorial Hall.	2nd and 4th Thursdays, 2—4 p.m.	Dr. Borelli and County Health Visitor (appoint- ment vacant).	M.O. attends 4th Thursday.	413
CORSHAM. County Council Clinic.	Every Thursday, 2—4 p.m.	†Dr. Broomhead and ‡Mrs. Ferman.	M.O. attends every session.	1,064
CRICKLADE. Town Hall.	4th Monday, 2—4 p.m.	†Dr. McElroy and ‡Miss Galer	M.O. attends every session.	219
DEVIZES. The Community Centre, The Green.	Every Thursday, 2—4 p.m.	†Dr. Adams and ‡Miss Lake.	M.O. attends 2nd and 4th Thursdays.	993
DEVIZES (Military families). Waller Barracks.	1st Wednesday, 2—4 p.m.	Military medical officer and ‡Miss Lake.	M.O. attends every session.	225

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1955.
DOWNTON. Memorial Hall.	4th Friday, 2—4 p.m.	Dr. A. J. Soutar and ‡Mrs. Jarvis.	M.O. attends every session.	245
DURRINGTON. Memorial Hall.	Every Thursday except first and third, 2.30—4 p.m.	†Dr. Mackay and ‡Miss Faulkner.	M.O. attends 2nd and 4th Thursday.	825
EAST KNOYLE. Village Hall.	1st Wednesday, 2.30—4 p.m.	†Dr. Lishman and ‡Miss Coleman.	M.O. attends every session.	176
GREAT BEDWYN. The Challoner-Ellis Hall.	2nd Wednesday, 2—4 p.m.	†Dr. Mackay and ‡Miss Poulter.	M.O. attends every session.	160
HIGHWORTH. St. Michael's Church Hall, Lechlade Road.	1st and 3rd Tuesdays, 2—4 p.m.	†Dr. Voigt and ‡Miss Galer.	M.O. attends 1st Tuesday.	804
LANDFORD. Women's Institute Hut	3rd Thursday, 2.30 p.m.	Dr. Whitehead and ‡Mrs. Jarvis.	M.O. attends alternate (even) months.	114
LARKHILL. Welfare Centre, The Packway.	Alternate Tuesdays, 2—4 p.m.	Military medical officer and District Nurse.	M.O. attends every session.	1,190
LAVERSTOCK. Hill Hall, Church Road	2nd Wednesday, 2.30—4 p.m.	†Dr. Lishman and ‡Miss Norman	M.O. attended every session in 1955, but clinic reverted to Health Visitors Clinic January, 1956	101
LUDGERSHALL. The Sports Club, Tidworth Road.	Last Wednesday, 1.45 p.m.	Dr. Drake and ‡Miss Poulter	M.O. attends every session.	144
LYDIARD PARK. Community and Youth Hut, Lydiard Park Estate	1st Monday, 2.30—4.30 p.m. 3rd Monday, 3—4 p.m.	†Dr. McElroy and County Health Visitor (appoint- ment vacant).	M.O. attends 1st Monday.	231
LYNEHAM. Village Hall.	3rd Thursday, 2—4 p.m.	†Dr. McElroy and District Nurse.	M.O. attends every session.	445
LYPPIATT CAMP. No. 23 Military Families Camp.	1st and 3rd Mondays, 2 p.m.	†Dr. Broomhead and ‡Mrs. Ferman.	M.O. attends 3rd Monday.	142
	(Replaced June, 1956, by clinic at Neston.)			
MALMESBURY. The Moravian Church Hall, Oxford Street.	1st and 3rd Wednesdays, 2.30 p.m.	†Dr. Voigt and ‡Miss Jackson.	M.O. attends first Wednesday.	337
MARLBOROUGH. Wesleyan Sunday School, New Road.	1st Friday, 2.30—4 p.m.	†Dr. Mackay and ‡Miss Wookey.	M.O. attends every session.	152
MELKSHAM. Old Bank House.	Alternate Thursdays, 2—4.30 p.m.	Dr. Schofield and ‡Mrs. Burton.	M.O. attends every session.	942
MERE. Lecture Hall, Salisbury Street.	1st and 3rd Tuesdays, 2.30—4 p.m.	Dr. Morse and Dr. Alexander (in six- monthly rotation) and ‡Miss Coleman.	M.O. attends 1st Tuesday.	462
NETHERAVON. Parish Hall, Fittleton.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Hammond and ‡Miss Faulkner.	M.O. attends 4th Wednesday.	394
NOMANSLAND. The Chapel Schoolroom	2nd Thursday, 3 p.m.	Dr. Whitehead and ‡Mrs. Jarvis	M.O. attends alternate (odd) months.	88
NORTH BRADLEY. Progressive Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Whittles and ‡Miss Slade.	M.O. attends 4th Wednesday.	446
PERHAM DOWN. The Welfare Hut, Medical Centre.	Alternate Tuesdays, 2—4 p.m.	Military medical officer and District Nurse.	M.O. attends every session.	399

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1955.
PEWSEY. The Foresters Hall.	1st Thursday, 2.30 p.m.	Dr. M. Hynes and ‡Miss Poulter.	M.O. attends every session.	148
PURTON. Red House.	2nd and 4th Tuesdays, 2—4.30 p.m.	†Dr. McElroy and ‡Miss Galer.	M.O. attends 2nd Tuesday.	367
RAMSBURY. The Memorial Hall, High Street.	1st Thursday, 2.15—3.30 p.m.	Dr. Mills and ‡Miss Wookey.	M.O. attends every session.	335
REDLYNCH. St. Birinus Hall, Morgans Vale.	2nd Friday, 3—4.30 p.m.	Dr. Whitehead and ‡Mrs. Jarvis.	M.O. attends every session.	280
SALISBURY. Hulse Clinic, General Infirmary.	Every Tuesday and Friday, 2—4 p.m.	†Dr. Wright, ‡Mrs. Soilleux and Miss Cross.	M.O. attends Tuesdays at 2.45 p.m. Fridays at 2 p.m.	3,020
St. Michael's Parish Rooms.	Every Thursday, and 4th Monday, 2—4 p.m.	†Dr. Hammond and ‡Miss Morris.	M.O. attends every session.	2,475
West Harnham Methodist Hall, Parsonage Green.	1st and 3rd Mondays, 2—5 p.m.	†Dr. Hammond and ‡Miss Cross.	M.O. attends every session.	657
STRATTON ST. MARGARET. Methodist Schoolroom, Lower Stratton.	4th Thursday, 2—4 p.m.	†Dr. McElroy and ‡Mrs. Bodle.	M.O. attends every session.	173
TIDWORTH. The Families M.I. Room, Old Isolation Hospital.	Alternate Tuesdays, 2—4 p.m.	Military medical officer and District Nurse.	M.O. attends every session.	740
TISBURY. Red Cross Hut, The Avenue.	2nd Tuesday, 2.30 p.m.	Dr. Kennedy and ‡Miss Coleman.	M.O. attends each session.	333
TROWBRIDGE. County Council Clinic, The Halve.	Every Tuesday and Thursday, 2—4 p.m.	†Dr. Murray, ‡Mrs. Fielding and ‡Miss Drew.	M.O. attends every Tuesday.	2,846
UPPER STRATTON. Baptist Sunday School Hall, Green Road.	1st and 3rd Tuesdays, 2—4 p.m.	†Dr. McElroy and ‡Mrs. Bodle.	M.O. attends 3rd Tuesday.	404
WANBOROUGH. St. Andrew's Church Hall, High Street.	2nd and 4th Mondays, 2.15—4 p.m.	†Dr. McElroy and County Health Visitor (appointment vacant).	M.O. attends 2nd Monday.	265
WARMINSTER. Methodist Schoolroom, George Street.	1st and 3rd Fridays, 2—4 p.m.	†Dr. Reynolds and ‡Miss Hills.	M.O. attends every session.	1,224
WESTBURY. Methodist Schoolroom, Station Road.	Every Thursday, 2—4 p.m.	†Dr. Killoh and ‡Miss Slade.	M.O. attends 1st, 3rd and 4th Thursdays.	1,225
WHITEPARISH. The Melchett Hall.	Last Tuesday, 2.30 p.m.	Dr. Jepson and ‡Mrs. Jarvis	M.O. attends alternate (odd) months.	193
WILTON. Dr. Lane's Surgery, West Lodge.	1st and 3rd Thursdays, 2—4 p.m.	Dr. Lane and ‡Miss Nicoll.	M.O. attends every session.	470
WINTERSLOW. Parish Hall.	1st and 3rd Fridays, 2.30 p.m.	†Dr. Lishman and local Health Visitor.	M.O. attends 1st Friday.	577
WOOTTON BASSETT. Memorial Institute.	1st and 3rd Tuesdays, 2—4 p.m.	†Dr. McElroy and County Health Visitor.	M.O. attends 1st Tuesday.	432
WROUGHTON. Ellendune Hall.	1st and 3rd Thursdays, 2.30—4 p.m.	Dr. Calnan and ‡Mrs. Bodle.	M.O. attends 1st Thursday.	509

†County Medical Staff.

‡Whole-time Health Visitor.

APPENDIX B

MAIN WELFARE FOODS DISTRIBUTION CENTRES

Centre.	Open.	Voluntary Organiser of the Centre.
*AMESBURY. Youth and Community Centre, Kitchener Road.	Tuesday, 10—noon and 2—4 p.m. Friday, 10—noon.	Mrs. Muggleton, Red House Farm, Amesbury.
*BRADFORD-ON-AVON. Church House, Church Street.	Tuesday, 2.30—4.30 p.m. Friday, 10—noon and 2.30—4.30 p.m.	Mrs. Sanderson, Cleeves, 10, Woolley Terrace, Bradford-on- Avon.
*CALNE. The Youth Centre, Recreation Ground.	Thursday, 10—noon and 2—4 p.m.	Mrs. Murphy, The Close, Cherhill, Calne.
*CHIPPENHAM (ST. ANDREW'S). St. Andrew's Church Hall, Chippenham.	Tuesday, 10—noon and 2.30—4.30 p.m. Friday, 2—4 p.m.	Mrs. Tanner, Lloyds Bank House, High St., Chippenham.
*CHIPPENHAM (SHELDON ROAD). Methodist Schoolroom, Sheldon Road.	Wednesday, 2—4 p.m.	Mrs. Hutt, 28, Hill Rise, Chippenham.
*CORSHAM. County Council Clinic, Fuller Avenue.	Monday, 2—4 p.m. Wednesday, 10—noon. Thursday, 2—4 p.m.	Mrs. Knott, Purley, 41A, Pickwick, Corsham.
DEVIZES. W.V.S. Centre, Maryport Chambers.	Mondays to Fridays incl. 10 a.m.—noon Monday, 2—4 p.m.	Mrs. Proudman, "Annaleigh," Pans Lane, Devizes.
*MALMESBURY. Moravian Church Hall, Oxford Street.	Wednesday, 2—4 p.m. Friday, 2—4 p.m.	Mrs. Ingram, Westport School House, Malmesbury.
*MARLBOROUGH. Wesleyan Sunday School, New Road.	Friday, 10—noon and 2—4 p.m.	Mrs. Milford, High Kingsbury, Marlborough.
*MELKSHAM. Old Bank House, Bank Street.	Tuesday, 9.30—noon. Thursday, 9.30—noon and 2—5 p.m.	Mrs. J. R. Mills, 20, King Street, Melksham.
*MERE. The Lecture Hall, Salisbury Street.	Tuesday, 2—4 p.m.	Miss Rutter, Newport House, Mere.
*PEWSEY. Forrester's Hall (adjoining Royal Oak).	Thursday, 10—noon and 2—4 p.m.	Mrs. Oxenford, The Close, Pewsey.
SALISBURY. W.V.S. Centre, Audley House, Crane Street.	Monday, 10—noon. Tuesday, 10—noon. Thursday, 10—noon, and 2—4 p.m. Friday, 10—noon. Tuesday, 2—4 p.m. Friday, 2—4 p.m.	Miss O. J. Whitmore, W.V.S. Centre.
*TIDWORTH. Infant Welfare Centre, Families M.I. Room, Old Isolation Hospital.		Mrs. C. Chick, Tidworth Rectory.
*TROWBRIDGE. County Council Clinic, The Halve.	Tuesday, 10—noon and 2—4.30 p.m. Thursday, 2—4.30 p.m. Friday, 10—noon and 2—4 p.m.	Mrs. R. Mackay, Courtfield House, Polebarn Road, Trowbridge.
WARMINSTER. W.V.S. Centre, 14A, Market Place.	Monday, 10.30 a.m.—12.30 p.m. Tuesday, 2.30—4.30 p.m. Thursday, 10.30 a.m.—12.30 p.m. Friday, 2.30—4.30 p.m.	Mrs. Brely, W.V.S. Centre, 14A, Market Place, Warminster.
*WESTBURY. Methodist Schoolroom, Station Road.	Monday, 2.30—4.30 p.m. Thursday, 2—4 p.m.	Mrs. Wardell-Yerbrugh, Applegarth, Westbury Leigh.
*WILTON. Dr. Lane's Surgery, West Lodge.	1st and 3rd Thursdays of each month, 2—4 p.m.	Mrs. B. L. Lush, "Highlands," Shaftesbury Road, Wilton, Salisbury.

The Centres marked * are also Infant Welfare Centre premises where the food is distributed as part of the activity of the clinic as well as at the additional sessions necessary.

APPENDIX C

CENTRES FOR DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS
AND CHILDREN UNDER FIVE YEARS OF AGE

Clinic.	Day of Month.	Midwifery districts served.
Mobile Clinic, The Grammar School, Malmesbury Road, Chippenham.	Every Tuesday afternoon	Calne Town. Calne Country (where Devizes clinic not more convenient). Castle Combe. Chippenham. Langley Burrell. Malmesbury and Hullavington Sherston Somerford } Where Swindon } clinic not more } convenient.
Dental Clinic, General Infirmary, Salisbury	Every Tuesday, all day.	Bourne Valley. Harnham. Wilton and Wishford. Salisbury City.
The County Dental Clinic, Meyrick Close, Coombe Road, Salisbury.	Every Tuesday morning.	Alderbury and Langford. Chalke Valley (Shaftesbury (Dorset C.C. Clinic) by arrangement where preferred). Codford (where Warminster Clinic is not more convenient). Donhead (Shaftesbury (Dorset C.C. Clinic) by arrangement where preferred). Downton. Shrewton. Tisbury. Whiteparish. Winterslow. Woodford.
The Dental Clinic, County Council Clinic, The Halve, Trowbridge.	1st and 3rd Wednesday afternoons.	Bratton (where Warminster Clinic is not more convenient). Holt. Melksham. North Bradley. Seend. Trowbridge.
The County Council Clinic, Fuller Avenue, Corsham.	1st and 3rd Friday afternoons.	Box. Colerne. Corsham.
The Lambert Memorial Hall, Mount Pleasant, Bradford-on-Avon.	1st and 3rd Thursday afternoons.	Bradford-on-Avon. Winsley.
The Welfare Centre, Horne Road, Bulford Camp.	Last Monday afternoon.	Amesbury. Durrington. Netheravon.

Clinic.	Day of Month.	Midwifery districts served.
The Dental Clinic, Congregational Church Rooms, The Close, Warminster.	Every Monday morning.	Bratton (where Trowbridge Clinic is not more convenient). Codford (where Salisbury, Meyrick Close, Clinic is not more convenient). Dilton Marsh. Heytesbury. Sutton Veny. Warminster. Westbury.
St. James' Home, Devizes.	1st and 3rd Friday afternoons.	Bromham. Calne Country (where Chippenham Clinic is not more convenient). Devizes. Potterne. Urchfont.
The Dental Clinic, 15 Milton Road, Swindon.	1st and 3rd Friday afternoons.	Ashton Keynes. Blunsdon. Brinkworth. Cricklade. Chiseldon. Highworth. Lyneham. Malmesbury and Hullavington Purton Sherston Somerford Stratton St. Margaret. Wanborough. Wootton Bassett. Wroughton.
W.C.C. Dental Clinic, 118, High Street, Marlborough.	Every Friday afternoon.	Aldbourn and Ramsbury. Bedwyn and Shalbourne. Collingbourne. Easton and Burbage. Marlborough and Overton. Pewsey. Pewsey Vale. Winterbourne Valley.
Tidworth.	As and when required.	
The Dental Clinic, The Modern School, Shaftesbury.	By arrangement with the C.M.O., Dorset.	Chalke Valley } When preferred to an appointment Donhead } at Mere or Salisbury Dental East Knoyle } Clinics.
The Lecture Hall, Salisbury Street, Mere.	2nd and 4th Friday afternoons.	Fonthill. Kilminster. Mere (or Shaftesbury (Dorset C.C. Clinic) where preferred by arrangement).

APPENDIX D

NURSING DISTRICTS

Nursing Districts.	General Nursing.				Midwifery and Maternity. Total Cases Attended. (Average Case has 25-30 Visits.)	
	Cases Attended.		Visits Paid.			
Alderbury and Longford	57	(88)	432	(403)	17	(15)
Amesbury	32	(19)	447	(601)	38	(46)
Ashton Keynes	118	(152)	911	(919)	18	(17)
Bedwyn, Shalbourne, etc.	105	(70)	1028	(978)	18	(11)
Blunsdon	187	(184)	856	(726)	19	(20)
Bourne Valley	92	(129)	1067	(1385)	18	(24)
Box	304	(192)	5389	(3847)	5	(4)
Bradford-on-Avon—Nurse I	86	(90)	1699	(3216)	8	(4)
Nurse II	54	(101)	1137	(2246)	10	(11)
Bratton	106	(93)	640	(1106)	15	(8)
Bromham	80	(85)	1026	(927)	6	(10)
Bulford	368	(315)	1680	(1636)	—	(—)
Burbage and Easton	230	(235)	1954	(1515)	13	(5)
Calne Town—Nurse I	235	(309)	2883	(4739)	26	(21)
Nurse II	73	(132)	447	(1912)	14	(18)
Calne Country	102	(111)	1612	(1328)	14	(24)
Castle Combe	154	(144)	1529	(1402)	10	(11)
Chalke Valley	91	(102)	1581	(1067)	25	(26)
Chippenham—Midwifery	—	(—)	—	(—)	79	(83)
General	193	(243)	3236	(2327)	—	(—)
Chisledon	62	(106)	596	(883)	24	(18)
Codford	66	(40)	976	(596)	19	(19)
Colerne	94	(58)	1039	(1215)	9	(4)
Collingbourne—Nurse I	59	(60)	702	(990)	21	(25)
Nurse II	91	(95)	909	(804)	23	(17)
Corsham—Midwifery	—	(—)	—	(—)	58	(67)
General—Nurse I	110	(105)	2819	(1986)	—	(—)
Nurse II	109	(224)	2232	(2269)	—	(—)
Cricklade	58	(61)	346	(380)	28	(26)
Devizes—Midwifery	78	(111)	813	(1193)	36	(31)
General	113	(98)	3696	(3704)	—	(—)
Dilton Marsh	133	(122)	1375	(1468)	6	(3)
Donhead	81	(97)	725	(775)	7	(8)
Downton	116	(104)	592	(714)	13	(22)
Durrington	—	(—)	—	(—)	64	(65)
Fonthill	278	(156)	1451	(926)	10	(21)
Harnham	69	(62)	2269	(980)	32	(22)
Heytesbury	238	(286)	1535	(1941)	12	(14)
Highworth	147	(73)	1788	(913)	36	(35)
Holt	93	(64)	727	(879)	12	(7)
Kilmington	410	(367)	1835	(1553)	12	(18)
Langley Burrell	35	(48)	538	(721)	10	(14)
Larkhill	215	(245)	1611	(1445)	—	(—)
Lyneham and Clyffe Pypard	116	(53)	968	(744)	38	(34)
Malmesbury and Hullavington—Nurse I	136	(77)	3473	(818)	28	(12)
Nurse II	264	(239)	3231	(2977)	24	(20)
Marlborough and Overton—Nurse I	233	(198)	2176	(1849)	9	(8)
Nurse II	100	(55)	736	(417)	6	(7)
Melksham—Nurse I	64	(59)	680	(824)	15	(23)
Nurse II	39	(47)	519	(686)	27	(25)
Mere	205	(58)	1156	(1652)	19	(18)
Netheravon	44	(59)	518	(685)	23	(14)
North Bradley	76	(81)	1025	(666)	6	(10)
Pewsey	118	(119)	1452	(1716)	14	(17)
Pewsey Vale—Nurse I	31	(39)	454	(707)	16	(11)
Nurse II	76	(40)	844	(445)	15	(8)
Potterne	111	(149)	1634	(1273)	9	(4)
Purton—Nurse I	109	(80)	551	(425)	36	(29)
Nurse II	34	(36)	305	(282)	29	(25)

Nursing Districts.	General Nursing.				Midwifery and Maternity. Total Cases Attended. Average Case has 25-30 Visits.)	
	Cases Attended.		Visits Paid.			
Ramsbury	183	(133)	2642	(2095)	24	(20)
Salisbury—						
Midwifery (Infirmary Staff: 2 Midwives) ...	—	(—)	—	(—)	189	(218)
St. Martin's (General)	76	(87)	1369	(1416)	—	(—)
Fisherton (General)	98	(89)	1371	(1198)	—	(—)
St. Michael's (General)	109	(71)	1848	(1629)	—	(—)
St. Edmund's and St. Thomas's	105	(94)	2082	(1678)	—	(—)
St. Mark's	335	(81)	1523	(1349)	—	(—)
Bemerton	129	(92)	1236	(1288)	—	(—)
Seend	267	(236)	1137	(1244)	12	(15)
Sherston	149	(223)	1636	(2835)	9	(8)
Shrewton	61	(79)	992	(706)	10	(24)
Somerford	160	(68)	1591	(1122)	19	(18)
Stratton St. Margaret—Nurse I	72	(65)	1712	(1232)	42	(41)
Nurse II	69	(59)	876	(945)	17	(27)
Sutton Veny	79	(92)	630	(391)	12	(6)
Tidworth and Perham Down	160	(120)	531	(418)	—	(—)
Tisbury	127	(125)	728	(633)	19	(25)
Tollard Royal	19	(25)	125	(120)	1	(2)
Trowbridge—Midwifery	—	(—)	—	(—)	47	(45)
General—Nurse I	442	(369)	3542	(2837)	—	(—)
Nurse II	252	(292)	3608	(3922)	—	(—)
Urchfont	71	(95)	1399	(702)	12	(10)
Wanborough	184	(209)	754	(801)	8	(15)
Warminster—Nurse I	216	(158)	2661	(2869)	21	(24)
Nurse II	150	(114)	1582	(2153)	16	(12)
Westbury	74	(83)	1132	(556)	16	(13)
Whiteparish	50	(29)	388	(1003)	10	(7)
Wilton and Wishford	137	(99)	1505	(1312)	28	(36)
Winsley	170	(215)	1175	(1566)	4	(7)
Winterbourne Valley	131	(91)	1690	(1673)	12	(20)
Winterslow	326	(377)	1264	(1508)	11	(11)
Woodford	81	(86)	2028	(1627)	9	(7)
Wootton Bassett	144	(170)	1093	(1270)	30	(40)
Wroughton	278	(277)	1589	(2057)	49	(36)
TOTALS	12050	(11170)	125368	(120872)	1716	(1748)

APPENDIX E

MEDICAL LOAN DEPOTS

Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
AMESBURY. Red House Farm.	Mrs. I. Muggleton, Red House Farm, Amesbury. (Amesbury 2123.)
BOWERCHALKE. Sunningdale.	Mrs. M. Goodfellow, Sunningdale, Bowerchalke. (Broadchalke 251.)
BRADFORD-ON-AVON. Red Cross Hut, Trowbridge Road.	Mrs. Holbrook, 33, Winsley Road, Bradford-on-Avon.
CALNE. Kingsbury Hall.	Mrs. E. M. Cousins, 93 Oxford Road, Calne.
CHARLTON. Red Cross Centre, Donhead.	Mrs. H. Baddeley, Ice Close, Donhead St. Andrew.
CHIPPENHAM. Watchfield, Rowden Hill.	Mrs. G. E. Moss, Watchfield, Rowden Hill, Chippenham. (Chippenham 2265.)
COLLINGBOURNE. Chapel Hall, Collingbourne Kingston.	Mrs. Fribbance, Mayzells, Collingbourne Kingston. (Collingbourne Ducis 67.)
CORSHAM (1). St. John Ambulance Brigade Headquarters, Cricket Pavilion.	Mrs. D. Peters, 37 Arnolds Mead, Corsham. (Corsham 3361.)
CORSHAM (2). Red Cross Centre, Pound Pill.	Mrs. Joy, 17, The Tynings, Corsham. (Corsham 2205.)
CRICKLADE. 78 High Street, Cricklade.	Miss O. Holloway, 78 High Street, Cricklade.
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach.	Mrs. G. R. Child, Brighstone, The Breach, Devizes. (Devizes 402.)
LAVINGTON. Southview Farm, Little Cheverell.	Mrs. B. E. M. Beaven, Southview Farm, Little Cheverell.
LUDGERSHALL. 10 Short Street.	Mrs. F. C. Neve, 10 Short Street, Ludgershall. (Ludgershall 246.)
MALMESBURY. The Silk Mill, Malmesbury.	Mrs. J. H. Humphreys, Milbourne Cottage, Malmesbury. (Malmesbury 3105.)
MARLBOROUGH. 35A High Street.	Mrs. E. M. Stratton, 25 High Street, Marlborough.
MELKSHAM. Place House, Place Road.	Mrs. W. J. Stratton, Place House, Place Road, Melksham. (Melksham 2285.)
MERE. Tudor Tea Rooms.	Mrs. P. Cross, Glebe Cottage, Church Street, Mere. (Mere 367.)
PEWSEY. The Girl Guide Hut.	Mrs. D. Rankin, Stable End, Pewsey.
PURTON. 20 Witts Lane.	Mrs. Bartlett, 20 Witts Lane, Purton.
RAMSBURY. 27 Council Houses.	Miss M. Edwards, 27 Council Houses, Ramsbury.

Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
SALISBURY. St. John Ambulance Brigade Headquarters, 72 Fisherton Street.	Mr. T. H. Gray, Honorary Secretary, 72 Fisherton Street, Salisbury (Salisbury 4810).
STRATTON ST. MARGARET. 216 Ermin Street.	Mrs. Frith, 216 Ermin Street, Stratton St. Margaret.
TISBURY. Red Cross Centre.	Miss B. Burt, Prospect House, Tisbury.
TROWBRIDGE. Courtfield House.	Mrs. Mackay, Courtfield House, Trowbridge. (Trowbridge 2048.)
WARMINSTER. Marshlands, Upper Marsh Road.	Mrs. G. Nicholls, Marshlands, Upper Marsh Road, Warminster.
WILTON. Westminster Lodge, The Hollows.	Mrs. N. Sharman, Westminster Lodge, The Hollows, Wilton.
WOOTTON BASSETT. Adjoining Red Lion Hotel.	Mrs. L. Dixon, 29 Coxstalls, Wootton Bassett.

APPENDIX F

STATEMENTS BY HOUSING AUTHORITIES (HOUSING REPAIRS AND RENTS ACT, 1954).

Housing Authority.	Total number of permanent Houses in area.	Estimated number of unfit houses.	Action in first 5 years.		
			Number of Houses to be Demolished.		
			Individual Houses.	Houses in clearance areas.	Total number of Houses to be demolished in 5 years.
BOROUGHES.					
Calne	1,886	103	26	42	68
Chippenham	4,106	166	44	122	166
Devizes	2,410	413	18	120	138
Malmesbury	847	30	30	—	30
Marlborough	1,578	37	37	—	37
Salisbury	9,569	152	59	93	152
Swindon	22,050	175	11	164	175
Wilton	830	26	26	—	26
URBAN DISTRICTS.					
Bradford-on-Avon	1,846	67	44	23	67
Melksham	2,400	100	100	—	100
Trowbridge	4,610	118	27	91	118
Warminster	2,300	85	—	85	85
Westbury	1,684	60	5	55	60
RURAL DISTRICTS.					
Amesbury	4,950	112	103	9	112
Bradford and Melksham	3,242	581	90	—	90
Calne and Chippenham	8,227	284	149	—	149
Cricklade and Wootton Bassett	4,383	128	128	—	128
Devizes	3,900	197	119	78	197
Highworth	5,986	340	250	—	250
Malmesbury	3,170	81	81	—	81
Marlborough and Ramsbury	2,839	78	73	5	78
Mere and Tisbury	3,629	77	77	—	77
Pewsey	3,829	178	129	49	178
Salisbury and Wilton	5,484	226	226	—	226
Warminster and Westbury	4,250	68	68	—	68
TOTAL	110,005	3,882	1,920	936	2,856

APPENDIX G

IMPROVEMENT GRANTS MADE UNDER THE HOUSING ACTS, 1949-54

No. of houses improved as a result of grants

RURAL DISTRICT.	No. of grants made by Local Authorities.		Cost of grants made.		No. of houses improved, including new houses brought into use by con- version.	
	31/7/49 to 31/12/54.	31/12/54 to 31/12/55.	31/7/49 to 31/12/54.	31/12/54 to 31/12/55.	31/7/49 to 31/12/54.	31/12/54 to 31/12/55.
Amesbury	9	18	£ s. d. 2,427 17 3	£ s. d. 5,596 17 5	11	22
Bradford and Melksham ...			Information not available.			
Calne and Chippenham ...	36	67	12,494 0 0	20,136 0 0	18	51
Cricklade and Wootton Bassett	5	14	1,494 0 0	2,878 0 0	7	14
Devizes	2	13	700 0 0	4,952 15 6	3	16
Highworth	4	20	541 0 0	7,085 0 0	5	30
Malmesbury	9	23	2,485 0 0	6,686 0 0	9	23
Marlborough and Ramsbury ...	13	38	5,120 0 0	15,022 0 0	17	63
Mere and Tisbury	32	69	12,421 0 0	28,614 0 0	32	103
Pewsey	15	36	4,838 10 0	14,913 10 0	23	72
Salisbury and Wilton	61	71	18,509 0 0	21,059 0 0	61	71
Warminster and Westbury ...	9	37	1,437 0 0	6,980 0 0	9	46

APPENDIX H

NUMBER OF POST-WAR HOUSES ERECTED FROM 1st APRIL, 1945, to 31st DECEMBER, 1954

RURAL DISTRICT.	By Local Authority.	By Private Enterprise.
Amesbury	530	171
Bradford and Melksham	Information not available	
Calne and Chippenham	602	174
Cricklade and Wootton Bassett	494	107
Devizes	381	96
Highworth	872	326
Malmesbury	266	Not available
Marlborough and Ramsbury	261	149
Mere and Tisbury	315	124
Pewsey	490	112 (from 1/4/47)
Salisbury and Wilton	468	251
Warminster and Westbury	303	96

APPENDIX I

HOUSING ACCOMMODATION PROVIDED DURING 1955

Rural District.	Houses erected during the year.		Houses in course of erection.		Gained from conversion of large houses or buildings into flats or dwellings.		Lost from conversion of two or more houses to one.	
	Local Authority.	Private Enterprise.	Local Authority.	Private Enterprise.	Local Authority.	Private Enterprise.	Local Authority.	Private Enterprise.
Amesbury	83	50	56	42	—	—	—	—
Bradford and Melksham	Information not available							
Calne and Chippenham	58	58	34	44	—	4	—	—
Cricklade and Wootton Bassett	69	21	66	15	—	3	—	1
Devizes	41	20	63	10	—	1	—	—
Highworth	53	107	49	81	—	1	—	—
Malmesbury	40	12	—	15	—	—	—	—
Marlborough and Ramsbury	30	37	11	8	—	—	—	2
Mere and Tisbury ...	29	21	6	7	—	8	—	5
Pewsey	63	15	30	20	2	2	—	4
Salisbury and Wilton	35	69	58	46	—	5	—	—
Warminster and Westbury	22	15	—	18	—	2	—	4

APPENDIX J

IMPROVEMENT GRANTS MADE UNDER THE HOUSING ACTS, 1949—54

Number of Applications and Houses dealt with by Local Authorities

RURAL DISTRICT.	RECEIVED.				APPROVED.				REJECTED.				UNDER CONSIDERATION.				WITHDRAWN.			
	Applications.		No. of Houses.		Applications.		No. of Houses.		Applications.		No. of Houses.		Applications.		No. of Houses.		Applications.		No. of Houses.	
	31/7/49 to 31/12/54	31/12/54 to 31/12/55	31/7/49 to 31/12/54	31/12/54 to 31/12/55	31/7/49 to 31/12/54	31/12/54 to 31/12/55	31/7/49 to 31/12/54	31/12/54 to 31/12/55	31/7/49 to 31/12/54	31/12/54 to 31/12/55	31/7/49 to 31/12/54	31/12/54 to 31/12/55	31/7/49 to 31/12/54	31/12/54 to 31/12/55	31/7/49 to 31/12/54	31/12/54 to 31/12/55	31/7/49 to 31/12/54	31/12/54 to 31/12/55	31/7/49 to 31/12/54	31/12/54 to 31/12/55
Amesbury	28	27	36	40	23	22	30	28	5	—	6	—	—	4	—	11	—	1	—	1
Bradford and Melksham	Information not available.																			
Calne and Chippenham	52	84	69	94	36	67	50	76	11	—	15	—	5	18	6	20	4	6	4	6
Cricklade and Wootton Bassett	18	40	21	46	14	35	17	38	1	1	1	1	—	—	—	—	3	4	3	7
Devizes	9	24	12	31	9	22	12	29	—	1	—	1	—	—	—	—	—	1	—	1
Highworth	17	55	23	78	13	55	19	78	—	—	—	—	—	—	—	—	4	—	4	—
Malmesbury	21	32	21	32	21	32	21	32	Information not available.											
Marlborough and Ramsbury	15	44	22	82	13	38	17	63	—	1	—	1	—	3	—	19	2	2	5	2
Mere and Tisbury	38	81	38	116	34	74	34	108	—	4	—	4	4	3	4	4	2	5	2	5
Pewsey	57	50	87	80	49	49	77	77	1	1	1	2	7	7	9	10	2	1	2	1
Salisbury and Wilton	44	58	100	80	30	49	61	71	6	3	30	3	—	3	—	3	8	3	9	3
Warminster and Westbury	38	47	45	49	28	42	30	44	2	1	2	1	7	1	10	1	1	3	3	3

APPENDIX K

RURAL DISTRICTS	Amesbury	Bradford and Melksham	Calne and Chippenham	Cricklade and Wootton Bassett	Devizes	High-worth	Malmesbury	Marlborough and Ramsbury	Mere and Tisbury	Pewsey	Salisbury and Wilton	Warminster and Westbury
1. Inspection of Dwellings during the year 1955—												
(i) Inspected for housing defects under P.H. Acts	23	12	7	24	63	284	*	32	46	87	135	15
(ii) Inspected for housing defects under Housing Acts	164	1,686	250	215	308	52	*	20	7	439	60†	1,264
(iii) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation	21	—	49	32	199	52	70	10	—	—	41†	3
(iv) Number of dwellings found not to be in all respects reasonably fit for habitation	119	602	17	156	172	196	*	46	34	28	147	7
2. Remedy of Defects by Informal Action—												
Number of dwellings rendered fit in consequence of Informal Action	39	12	14	18	72	159	34	44	41	15	133	5
3. Action under Statutory Powers (Public Health and Housing Acts)—												
(A) Proceedings under Section 9, 10 and 16 of Housing Act, 1936:												
(i) Number of dwellings in respect of which notices were served requiring defects to be remedied	—	—	—	—	—	1	—	—	—	7	2	2
(ii) Number of dwellings rendered fit after service of formal notices:—												
(a) By Owners	—	—	—	—	—	—	—	—	—	2	2	—
(b) By Local Authority in default of owners	—	—	—	—	—	—	—	—	—	—	—	—
(B) Proceedings under Public Health Acts:												
(i) Number of dwellings in respect of which formal notices were served	30	—	—	1	—	—	—	—	—	5	6	—
(ii) Number of dwellings rendered fit after service of formal notices												
(a) By Owners	—	—	—	1	—	—	—	—	—	2	5	—
(b) By Local Authority in default of owners	—	—	—	—	—	—	—	—	—	—	—	—
(C) Proceedings under Section 11 and 13 Housing Act, 1936:												
(i) Number of Demolition Orders made	6	—	—	3	3	8	—	10	13	—	9	2
(ii) Number of houses demolished as result of Demolition Orders	10‡	—	—	—	6	4	9	—	7	3	12	—
(iii) Number of undertakings accepted	1	—	—	4	—	4	2	1	6	—	6	3
(iv) Number of undertakings completed	1	—	—	2	—	—	—	—	—	—	2	—
(D) Proceedings under Section 25 and 26 Housing Act, 1936:												
(i) Number of houses under which Demolition Orders were made ...	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of houses demolished in pursuance of Demolition Orders	—	—	—	—	14	—	—	—	—	—	—	—
(E) Proceedings under Section 12 Housing Act, 1936:												
(i) Number of separate tenements or underground rooms in respect of which closing orders were made	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of separate tenements or underground rooms in respect of which closing orders were cancelled, as result of premises having been made fit	—	—	—	—	—	—	—	—	—	—	—	—
4. Housing Act, 1936. Part IV. Overcrowding—												
(i) Number of cases of overcrowded dwellings at end of year ...	*	*	*	9	*	1	*	2	2	*	*	1
(ii) Number of cases discovered during year	14	—	2	1	1	2	*	1	2	3	*	1
(iii) Number of cases abated during year	12	—	—	5	—	3	*	1	2	3	*	1
5. Local Government (Miscellaneous Provision) Act, 1953—												
Closing Orders made under Section 10 (1)	—	—	—	3	2	—	—	—	—	4	—	—

*Information not available.

†Excluding inspection of houses for proposals under Section 1 of the Housing (Repairs and Rents) Act, 1954.

‡Includes 3 crown properties demolished as a result of negotiation.

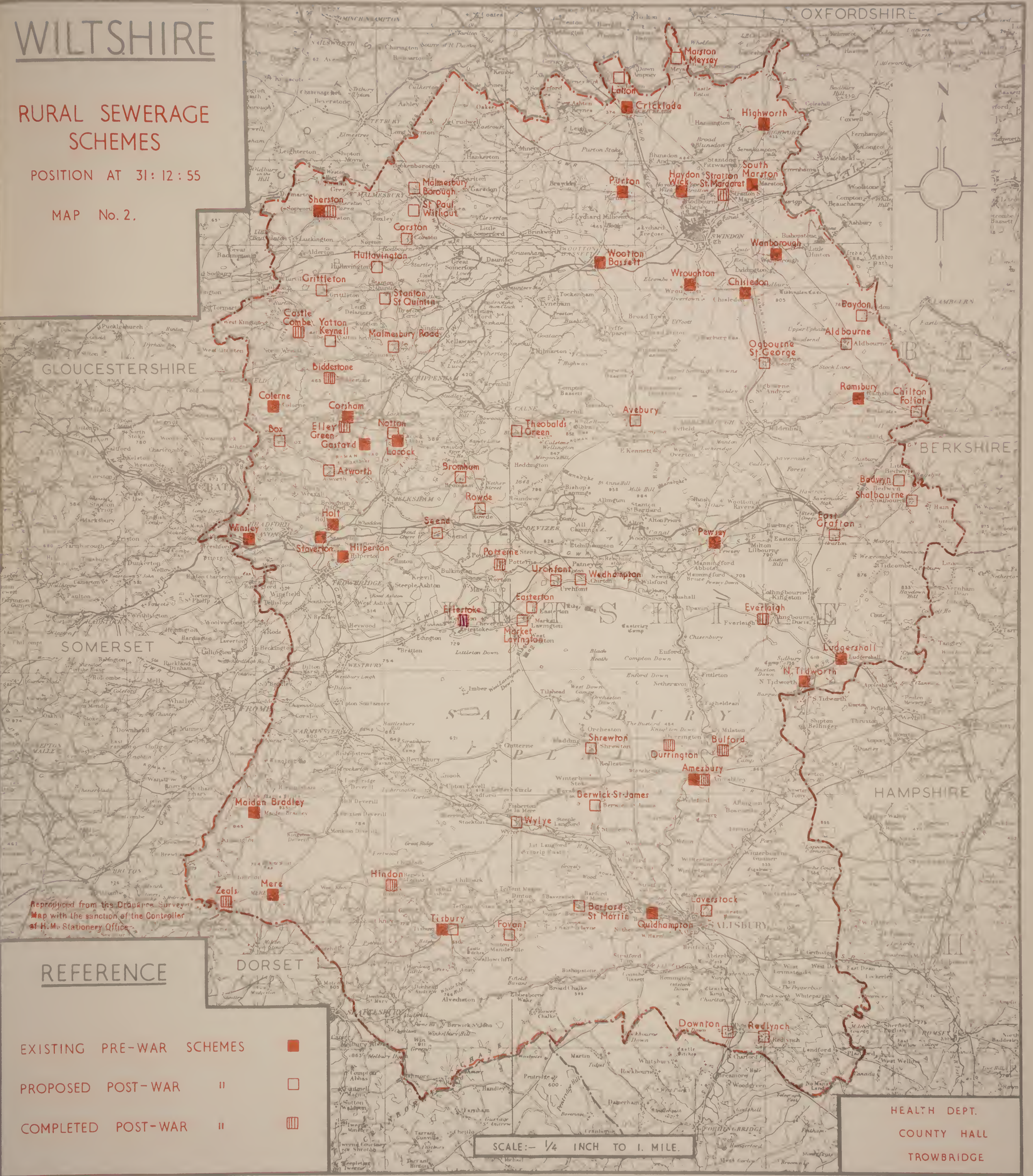


WILTSHIRE

RURAL SEWERAGE SCHEMES

POSITION AT 31:12:55

MAP No. 2.



REFERENCE

EXISTING PRE-WAR SCHEMES

PROPOSED POST-WAR

COMPLETED POST-WAR

SCALE: 1/4 INCH TO 1 MILE.

HEALTH DEPT.
COUNTY HALL
TROWBRIDGE

Am. No. 1c

